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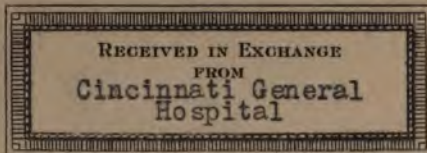
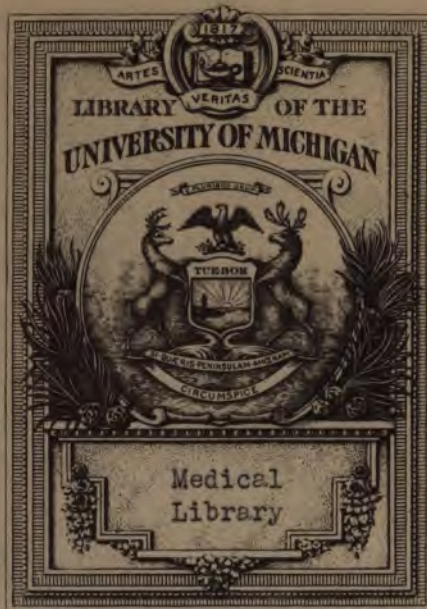
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THE  
Cincinnati Medical Observer.

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VOLUME 1, 1856.

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VOL. I.]

JANUARY, 1856.

[No. 1.]

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ORIGINAL COMMUNICATIONS.

ART. I.—*On Mineral Waters.* By S. HANBURY SMITH, M. D., of  
Hamilton, O.

I HAD intended to have urged the importance of these much neglected portions of our *Materia Medica* on the attention of the profession in the United States, several years ago, but was mainly prevented so doing by the announcement of Prof. Bell in his "*Baths and the Watery Regimen*," published in 1850, that he expected shortly to publish a similar comprehensive work on Mineral Waters. During the present year, Prof. Bell has put forth a small but valuable manual on the Mineral and Thermal Springs of the United States and Canada; to "be regarded," as he says in his preface, "as an earnest of the intention of the author, and an instalment of his accumulated stores." At the same time, he gives such an account of the range of his larger work, still in progress, as to raise expectations and stimulate a curiosity I have no doubt will be fully realized and gratified, only hoping that the enjoyment will not be too long deferred. There are, however, some bearings of the subject which, to judge from his remarks in the preface alluded to, Prof. Bell does not intend to examine, and though by no means exclusively, these will be especially treated of in this and subsequent articles.

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Whenever a novelty is pressed upon his notice, the Anglo-Saxon instinctively puts the question, "Cui bono?" "What is the use and the value of the thing?" This question I shall endeavor to answer in the following lines. When Dr. Granville asked of the illustrious Hufeland, how it was that the waters of Carlsbad retained undiminished, even in our times, the celebrity as curative agents they have enjoyed for centuries, the German Hippocrates replied, "It is because they cure maladies resisting all other therapeutic means;" a fact unquestionable, and which may with equal truth be predicated of an extended range of similar heaven-given medicines.

That *there is a large series of chronic diseases and anomalous disordered conditions, best cured by the use of mineral waters, and a smaller series, often incurable by any other known means*, is a postulate which will undoubtedly be granted by every practitioner of reputation, throughout the whole continent of Europe. That, moreover, *in another series of cases, mineral waters efficiently aid ordinary therapeutic measures, and that in a fourth, the effects produced by their employment afford a valuable source of diagnosis*, will be as readily granted. The well established facts, the long catalogue of observations recorded by competent observers, leave no room for dispute or cavil about the truth of these propositions. After all, there is nothing more wonderful in the curative powers of the compound medicine called a "mineral water," in those cases in which it is specially indicated, than there is in the admitted virtues of the time-tested compounds of the Pharmacopœia, when similarly administered. There are cases in which Carlsbad water is as much the best medicine as sulphate of quinine is in others; when all our ordinary chalybeates fail, the administration of the same, or even a smaller dose of iron, in some such combination as is afforded by Pyrmont, or the Ferdinands-quelle of Marienbad, shall gladden us with its happy effects. In fact, in mineral waters, nature has presented us with an extensive range of "*Præparata et Composita*," containing the same ingredients that we are daily prescribing, only compounded according to formulæ of her own. They have been successfully employed in curing disease in all times and countries; imposing structures—temples of Esculapius and Hygeia—were reared hard by them; Pliny,

writing before the commencement of the Christian era, lavishes his praises on the still prized waters of Spa; the English dame "of high degree," while quaffing health in the "pump-room" at Bath, little dreams that Cæsar's legions had taken the liberty to resort to the same spring for the same purpose, and given it the very name which (Anglicized) it now bears; and the hot springs of Baden-Baden still cleanse the Teutons, as of old they did the soldiers of Aurelian. In the lapse of ages, the revolutions of empires, the jar of civil wars, springs of rare virtues have been lost for centuries, then re-discovered, and again become famous. As an example of this last occurrence, may be mentioned the *quelle* of Heilbrunn, in Bavaria. This spring, after having long enjoyed a great reputation, was, together with the monastery hard by, destroyed by the Huns, in 985; a century after was re-discovered; subsequently rose into renown or fell into neglect many times, until again and quite recently the waters have attained a reputation as remarkable and as well deserved, for the cure of scrofulous and cutaneous diseases, as those of Carlsbad in calculous affections, whether urinary or biliary.

That the remedies here in question have been comparatively so little examined or employed systematically by the Anglo-Saxon race on both sides of the Atlantic, admits, I think, of an easy though not short explanation, and as it would consume too much time and occupy too much space to discuss the matter in full, suffice it to mention a few suggestive "headings," such as, national love of a hasty cure—no time to doctor—thorough purgation—perturbating remedies—a good dose and have done with it—something we can understand—beef and porter require calomel and black draughts—coffee and dyspepsia, blue mass and salts—almost general ignorance of subject—consequent skepticism and credulity—extremes meet—health sacrificed to fashion at American watering places—ruinous expense of a season at Saratoga—manage these things differently in Bohemia, etc., etc., etc.

The next point of inquiry will be, "What constitutes the superiority of these agents, and what is their *modus operandi*?" We are as yet far from being able to answer these questions fully;

yet enough is known to point out the direction whence the complete solution of the problem may be expected. Every physician ought to know that the principal active ingredients in mineral springs are those which he daily prescribes: as, salts of soda, magnesia, lime, iron, and alumina—more rarely magnesia, zinc, arsenic, iodine, bromine, and sulphur. These ingredients are sometimes present in large comparative quantities, sometimes in very small ones, even in waters by no means deficient in curative energy. Nevertheless, that the formula according to which they are combined has much to do with their operation, is proven by the different effects which result from the employment of waters only differing from each other in the proportion of iron or some sodaic or magnesian salt present.

One ingredient, however, as it unquestionably has the lion's share in the composition, has probably, and taking all circumstances into consideration, the greatest influence in producing the effects observed, namely, the solvent—the vehicle, pharmacologically speaking—*water*. Entering in so large a proportion into the composition of the solids, as well as the fluids of the human body, constituting seventy-five per cent. of the weight of muscle, upward of eighty of brain, and near eighty of blood, large amounts are daily required, merely to supply the waste and keep the machinery in proper action. It is a very old axiom, that bodies do not act upon each other (chemically) unless in a state of solution; and more than all things beside does water deserve the name of the universal solvent. Neither animal nor plant can appropriate alimentary materials, unless they are in a state of solution, or of very minute division suspended in fluid. No other fluid can replace water in this, its great function of liquefaction of such materials, for nutritious purposes. Once introduced into the body, water continues to be their solvent even after they have been further prepared by means of vital chemistry, for the renovation of the tissues; and when their course is run—their part played out—and they have become refuse—waste—water again receives them, and “conveys them by a most complicated and wonderful system of sewerage altogether out of the system.”

Creatures of habit, men may and do succeed either in gradually

accustoming themselves to the ingestion of too large or too small quantities of water, not seldom mixed with other materials by no means calculated to promote its good offices. When taken pure and in appropriate quantities, at proper periods, water assists digestion and absorption, causing a freer and more rapid circulation of the blood and other fluids, an easier assimilation of the nutritive elements, and an accelerated metamorphosis of tissue. Upon the due and normal performance of the functions thus affected by the ingestion of water, depends a vigorous health; and as a shortened supply of that fluid may and does cause a falling off of activity to a point below par, diseases or disordered conditions arise; conditions of debility, congestion, plethora, etc.; and it is just in such very common disordered conditions and their consequences, that a proper administration of simple water may prove palliative, or often curative. The well known good effects of a glass or two of cold water taken the first thing in the morning, in restoring lost functional activity to the stomach and bowels, is a familiar illustration.

But here has to be taken into consideration the influence of a new therapeutic element or factor—*temperature*—the consideration of which must however be deferred till the appearance of the next number of this Journal.



ART. II.—*Diseases of Richmond, Wayne Co., Ind., for the year 1855.* By JNO. T. PLUMMER, M. D., of Richmond, Ind.

IF the subjoined paragraphs have no immediate value, I will venture to say that in the course of one hundred years (if they survive that long), they will be looked upon as interesting relics of a past age. The common-place occurrences in the streets of ancient Thebes, the every-day incidents of "populous No," would *now*, if it was possible to obtain a recital of them, or to pass them in review before us, attract the attention of thousands. So, in its degree, is the medical history of any locality an object of interest to the resident physician of an after period.

Richmond is situated about four miles within the eastern boundary of Indiana, and sixty-five miles north by west from



Cincinnati. Its location is near the head waters of the east fork of Whitewater river. The drainage of the surrounding country is excellent, and the water courses furnish abundant mill power. The river flows seventy to one hundred feet below the level of the town, through a bed of blue, fossiliferous limestone, which reaches upward to the first bench, on which a small portion of the town is built. About twenty or thirty feet higher is the second bench, appearing as a plain one or two miles in diameter. On this plain nearly all of Richmond is situated. Diverging from this plain, there is a gentle elevation of the earth on every side, of perhaps thirty to two hundred feet, leaving the town in something like a saucer-shaped depression. The geological drift on which the town is built, is composed of clay, sand, and gravel. In the stratum of sand and gravel we obtain an excellent limestone water, clear as crystal, and of the temperature, if I remember rightly, of fifty-two degrees. Our wells vary from fifteen to twenty-two feet in depth. On Marion street, which runs north and south nearly through the middle of the city, and is perhaps the lowest street, the water rises at times so near the surface as to interfere with the cellars adjacent, and indeed for some distance east of it. This inconvenience, however, is in a fair way of being entirely removed by a system of drainage which was commenced some years ago, after the place was incorporated as a city. Our streets are not only extensively graded, graveled, and paved, but also planted with a variety of shade trees, among which are the locust (*robinia pseudacacia*), sycamore (*platanus occidentalis*), catalpa (*catalpa bignoniodes*), willow (*salix vitellina*), poplar (*populus angulata*), and tulip tree (*liriodendron tulipifera*).

Graveled turnpikes radiate in all directions from the town; among them is the Wayne County Turnpike (originally the National Road), which runs east and west through the county, and is part of a great thorough-fare to the West. Seven hundred wagons passed through, in the course of six days, a few weeks since. Parallel with this turnpike, the Indiana Central railroad passes through Richmond; and the Richmond and Newcastle railroad runs northwest, toward Chicago, from this place.

The population of the town, at present, is about six thousand persons. The inhabitants are perhaps as industrious, moral and thriving in business, as any in the State; and the locality has been reputed, from the earliest period of its settlement, as among the foremost in point of healthiness.

Such is the natural situation, the condition and the improvements of the place, whose diseases for the year 1855 I am about very briefly to describe.

During the fore part of the first month, which was often spring-like in temperature, there were cases of neuralgia, rheumatism, scarlet fever, and small pox. The first case of this latter disease was brought here in a confluent form, in the person of a Dutch woman. Her husband drove her, in a borrowed wagon, into town, and then eloped. In this situation she remained all night. In the morning she was discovered there, and was removed a short distance out of town, and provided for till she recovered. A Dutch woman living in town, was the first person afterward attacked. She was attended by a Homeopathist, who informed the family that the case was one of *erysipelas*; and for two weeks the patient was freely visited and nursed by her friends and neighbors, without the least apprehension of danger. About this time, I was called on by the Board of Health, to see the patient. Other physicians also examined the case. It was too plain to admit of a dissenting opinion; but it was too late to retrieve the injury done. With one or two exceptions, all the subsequent cases appear to have originated from this individual. The excepted cases were traced to the woman who brought the disease here. As the inhabitants are kept generally vaccinated, the cases, in all, did not, perhaps, exceed fifteen. Very few, if any of the cases proved fatal.

The 21st of the month was a mixed day of snow (which fell to the depth of seven inches), of rain, thunder and lightning, wind and hail; and the 22d was very cold. Diarrhea, of a bilious character, was at this time not uncommon, and, in some instances, was difficult to suppress. The weather continued cold to the end of the month. On the 29th, the snow was 12 inches deep. A few cases of pruriginous rash appeared toward the close of the month.

Early in the 2d month, the snow had attained the depth of about 15 inches—the greatest ever known by the present inhabitants. Cases of croup occurred in the middle of the month. Toward the close of the month, the mercury sank to zero, and below. Catarrhal affections were frequent.

Late in the 3d month, the ground was firmly frozen; and the protracted winter weather produced serious affections in the aged people. These affections were mostly of a pneumonic character, and resulted in an unusual number of deaths. This uncommon mortality from the cold, among the aged, corresponds with the London reports, which represent the deaths during this month, from the prolonged winter, as being greatly increased. Among my patients, cases of hemoptysis were not unfrequent, in the course of the season.

Till late in the 4th month, the woods maintained their wintry aspect; yet, on the 18th, the mercury stood at 88 degrees in the shade. Numerous *sanguinarias* appeared in bloom: the apple and the cherry tree, also. One or two cases of scarlet fever occurred.

In the 5th month, there were frequent cases of ulcerated sore throat, attended with head-ache, chilliness, depressed pulse (yet hot skin), and very offensive breath. A gargle of diluted hydrochloric acid, sometimes accompanied by warm febrifuges, constituted the principal treatment. No cases proved fatal; and the patients recovered in two to seven days. The month closed with an uncomfortably cold week.

The rest of the year, up to the present time (11th mo.), has been remarkable for the abundant rains. The 7th and 8th months, generally the hottest and the driest in the year, yielded, together, fifteen inches of water! A wet season so prolonged, produced a very succulent vegetation over a large extent of country. But *before* this began to decay, intermittent fever (quotidian and tertian), made its appearance all over the State; and for the last two or three months, that and its sister fever, the remittent, have prevailed, to the exclusion of almost every other disease, throughout a greater expanse of country than I have ever known. Richmond was not exempt from the epidemic (or, if the reader would prefer it, endemic).

The fever, in its intermittent form, so far as I have been able to ascertain, has yielded readily to the sulphate of quinine. This has certainly been the case in this district. My practice has been to give half a grain to a grain (generally the latter), every hour or two in the absence of the febrile paroxysm. In a few cases, I used the nitric acid, in doses of three to ten drops every two or three hours. In these instances, it acted as efficiently and as promptly as the salt of quinine. I believe it was Dr. Bailey, of this State, who introduced this method of treatment; but I can not, just now, refer to his communication on the subject, not knowing where to find it, nor do I recollect the manner in which he prescribed the acid.

As the intermittent fever began to subside after a few hard frosts occurred, I had not an opportunity of extending my experience in the use of the acid, to a degree sufficient to establish the value of it as a remedial agent in this disease.

Some of the cases of remittent fever were protracted from two to even seven weeks. But this form of the fever was comparatively rare. I will just revert to two cases of it.

A German and his wife were prostrated nearly at the same time. The latter, among other symptoms, complained of pain and soreness in the epigastric region, and soon fell into a perfect stupor, from which it was almost impossible to rouse her. I thought the case justified the use of the lancet. I therefore bled her. The fibrinous coat soon appeared on the clot of blood. The stupor speedily disappeared, and she steadily improved under ordinary treatment, till she recovered.

While the wife lay in her somnolent condition, the husband, on the other hand, knew no sleep. It was not a harrassing vigilance, but rather a pleasing delirium, that the patient experienced. And as a writer in the "Cyclopedia of Practical Medicine" alludes to the delirium frequently met with in this fever, as a "striking peculiarity," which has received but little attention from authors, I the more willingly proceed to note the details of the present case. The delirium referred to by the writer just cited, is not the "ordinary form of febrile delirium," but the "acuteness of perception and vigor of reasoning" are retained, and one erroneous impression takes possession of the mind so firmly, says

this writer, that no argument can shake it; and it is "frequently of so gloomy a cast as to impel its victim, almost irresistibly, to suicide." He also truly observes that this delirium exists from an early period in the disease, and is consistent with a considerable degree of general strength; and that its character is more that of mental derangement than of delirium.

When I first witnessed this symptom in my German patient, my apprehension was that it was a case of mild mania *à potu*; but I discovered no indications of the use of spirituous liquor, and his friends assured me he was a sober man. Of this, I afterward became satisfied. My patient would start up in bed, and gaze, with an expression of satisfaction in his countenance, into a corner of the room, or at the top of a window, as if he had discovered something agreeable, and exclaim in an easy tone, "there, Frederick, there's a bird! catch it! catch it!" And if not prevented by his attendants, he would sometimes get out of bed to secure the imaginary prey himself.

His eyes were continually roving about the room, as if in search of something. There was no manifestation of pain whatever; on the contrary, he acted and appeared as one as one engaged in some very agreeable recreation. When aroused from his reverie, he behaved, for the time, rationally as any one; so that I had no difficulty in the administration of medicine. But as soon as the attention of the patient ceased to be arrested by requests, his mind would wander as usual.

At the time I bled his wife, he raised up in bed, and watched the whole operation, apparently with much interest. The next day he assured his friends that he had just got back from Germany; that he and I had been visiting the old homestead in his fatherland; that he was taken sick while there, and that I bled him, but that I took the blood from the wrong arm. No arguments availed anything with him—he *knew* that these things were so, and they need not try to persuade him out of the conviction; such was his reply to their efforts. This idea vanished only with his general improvement in health. I ought, perhaps, to add that he was not bled. Both these patients recovered in about two weeks.

If the husband's case resembled one of mania *à potu*, the wife's bore the semblance of hysteria; for, beside the stupor, there was

also for hours a champing of the jaws, a frothing at the mouth, and frequent deglutition.

The reader may remember, that for some years after the cholera in 1849, whitlows and carbuncles were greatly multiplied; but during the present year, I do not recollect that I have had a single instance of either affection under my care.



ART. III.—*Intermittent Fever*. BY EDWARD B. STEVENS, M. D.

THE past season has been remarkable for the prevalence of the various forms of Miasmatic Fevers. Ague, especially in most of the western States, has been the epidemic disease of the country. From every direction we have the same complaint; and even in old settled localities, and where it was supposed long and thorough cultivation of the soil had removed the sources of miasmatic influence, and where, for quite a length of years, the various forms of intermittent disease have been an almost entire stranger, it has appeared this season with all the pertinacity, and all the original and genuine symptoms that embellish its character in the marshy fens of Italy, or amidst the swamps of our newest States.

The medical history of this season certainly demonstrates the fallacy of an idea which many of us have entertained, that *Ague* is a disease incident to new, marshy, and partially cultivated countries. It also seems very properly to indicate the propriety of making a *resumé* of our professional resources in the treatment of this form of disease, and its management to ward off the well established tendency to relapse.

The particular efficacy of homœopathic medication is very well illustrated in a case that came under my observation during the season. I was requested by a much esteemed lady friend to examine her child in a semi-professional, semi-friendly way. I found it had been under regular and constant treatment by a homœopathic cotemporary, for a fortnight, with *simple tertian intermittent*; it was sallow, had an exhausted expression, but in most respects, as well as I could learn from the parent, its condition had in the entire fortnight changed but little; except it

were perhaps an increased degree of the sallowness and exhaustion. I could not but feel that the patience of the parents was certainly remarkable, under the circumstances, if not commendable—more so than “*allopathic*” physicians usually expect to receive at the hands of their warmest friends. I could not but feel, too, that such mismanagement would have been disgraceful to the youngest disciple of scientific medicine; and should hope and suppose no reader of this journal would ask *half* a fortnight to have routed the enemy from what appeared so defenceless a stronghold. I simply intimated to my friend, that I did not doubt *judicious treatment* would soon restore her child to health: social courtesy did not permit any stronger expression of sentiment.

*Of the Law governing the Relapse Periods:*—It was the doctrine of Eberle, that ague tends to *spontaneous disappearance*, as well as return, at regular periods, of which the number seven is the index or type; and a new “Ague King” has appeared in the market this season, the author of which has had this principle in view, curing without quinine, arsenic, mercury, strychnine, or any of these horrid poisonous drugs. The *directions*, however, for using this nostrum, are borrowed verbatim from the teachings of Eberle—*anticipating* a return of the paroxysm on each seventh day for a certain length of time. The careful observation of others confirms the view taken by Eberle of the relapse period, to a certain extent; but probably the period is rather more than the space of seven days; at least that is our observation in the epidemic of this season, and we think eight or nine days will be nearer the truth. The notion of a spontaneous disappearance of ague, or a period tending thereto, is pretty generally exploded. There is no doubt but the law of periodicity, which so characterizes the disease during its regular paroxysms, also attaches to its tendency to relapse; or, in other words, that while the active disease is held in bay by proper treatment, its periodic character still holds control of the system. Dr. Robert Graves illustrates this idea by comparing the fits to the striking apparatus of a clock—the striking weight being removed, the periodic rate is still carried on, but the usual *signal* of the termination of definite portions of time is not given. Our own strongly established

conviction, very accordant and consistent with this opinion of Dr. Graves, is that the poison of the disease is still retained in the system, so long as we observe this tendency to a recurrence of the paroxysms. The original tenure of this poison is so slight in some cases that prompt medication so thoroughly dislodges it that it never returns, at least till a fresh miasmatic exposure; and hence the reputation some men and some remedies have secured for curing ague "so that it wont come back;" other cases, however, require what Bretonneau styles the "*preservative treatment*"—a proper anticipation of the paroxysm for many months, to make a cure.

*The Medication of Ague, and especially its Curative Medication:—*

The industry and zeal with which the regular profession has sought for a reliable substitute for quinine, in the treatment of intermittent, ought to be sufficient and effectual response to all charges of fogyism, made by the various sects of pseudo-reformers of the day: and as the *sulph. quinine* still stands as our leading remedy in the treatment of ague, it is well to look a little at the philosophy of its curative, or remedial action, as a type or key to the remedial action of all remedies addressed to this class of diseases. Patients come to us for advice in the treatment of ague, saying, "Its no use, doctor, to give me quinine, for I've tried it all summer, and it wont cure me, and don't agree with me;" and the probability in most cases is, that the patient tells the truth; the quinine both fails to cure, and disagrees with the patient, because it has been administered as an empiric remedy, and with no reference to the *principle* of its curative action: or in the same empiric spirit the quinine has been largely administered, while organic congestions have perhaps entirely forbidden its use, or interfered with its effect; and *these* being relieved by proper remedies, the quinine has acted as by a charm.

How then is quinine a specific for ague? Dr. Chambers says, "only to the extent of being the most powerful vegetable tonic that we possess." We like the explanation of M. Bretonneau better, as giving a rational *modus*, and as suggesting a rational guide to *preservative* medication: he says "a sort of drunkenness, more or less painful, produced by a single and suitable dose of quinine, repeated, if necessary, two days afterward, *suppresses for*



*eight days*, simple intermittent fever. In the same way that with a person who is in the habit of intoxication we find that much wine may be taken without producing this condition, so we every day see individuals affected with ague, taking great quantities of quinine, without the fever becoming suppressed, or its return being prevented." M. Bretonneau agrees with the Jesuits, who first imported cinchonia, and learned how to administer it, "that every *sufficient dose of bark* loses its febrifuge-power by fractioning it, exactly as a dose of wine loses its intoxicating property by being divided." Acting especially upon the theory, that fifteen or twenty grains of sulph. quinine suffice to suppress the fever of an adult for eight or nine days, we have the following eminently practical suggestion for the subsequent medication of the case: "the same dose that suffices to *suppress* the paroxysm, will also *prevent*, if repeated before the supposed epoch for its return, and the intervals between relapse may be gradually prolonged, until there is entire and permanent immunity, by a judicious renewal of the doses, at proper periods of anticipation. Thus, a second dose, equal to that which suppressed the fever, is to be exhibited, according to the nature of the fever, on any day from the first to the sixth interval, then to be repeated after intervals of 7, 8, 9, 10, 12, 14, 16, 18, 22, 30 days." A large proportion of cases do not require these precautions, as we have already remarked, the tenure of the poison being slight, and easily removed—but in obstinate cases nothing less will succeed.

*The indication for Mercurial, Cathartic and Emetic treatment*, we think is incidental, not necessary, other symptoms than the paroxysm being the guide. *Arsenic* is a powerful anti-periodic; we have thought, however, not so *prompt* in its curative action as quinine, but more permanent; consequently, better adapted to the thorough eradication of chronic ague. The *strong vegetable bitters*, as gentian, dogwood and wild-cherry bark, are in general popular and professional use as prophylactics, and doubtless have some virtue. Piorry thinks splenic engorgement is the first link in the concatenation of intermittent disease; that this disposition to engorgement, or congestion, is evidence of a want of the proper or healthy stimulant quality of the blood; and hence the indication and beneficial effect of tonic medication. This leads us to

remark upon another *questio disputata*. Dr. Robert Graves thinks that quinine is the proper antagonistic of the ague fit, and that a continuous use of the remedy, especially in the absence of the fit, accustoms the constitution to its medicinal effects, and thus defeats the object of the remedy; while Dr. Chambers supposes our object is to obtain a certain tonic effect on the vascular system, and that it is necessary to keep up a stimulus to the capillaries till they have recovered their tone. A more careful inquiry into pathological principles and the *modus operandi* of our remedies, will doubtless settle these distinctions, and give us greater confidence in ourselves, and with our patients.

*New Remedies*.:—Although we still regard quinine as our *reliable* agent, we have a high esteem for the efforts that are making to add to our resources. *Dilut. nitric acid* has been recommended to the profession as an anti-periodic. We have made some trials with it, and have succeeded in curing mild cases of ague, but have been disappointed in cases of any degree of malignity or obstinacy. *Florogene*, the active principle of apple-tree bark, has been used by some of the physicians of Cincinnati, and they report flattering success. Dr. Marsh, of this city, has been very enthusiastic in its support as a substitute for quinine. My friend Dr. James bears like testimony. If any of our friends desire to test it, it can be found at Chapman's, and is desirable as a matter of economy. Dr. Chapman also prepares a fluid extract of florogene, which he regards as the preferable remedy, given in teaspoonfull doses. The *sulph. of cinchonia* has also been used to some extent in this city, this summer, with favorable results; but as some of the gentlemen connected with one of the city dispensaries will report their experience in detail, we forbear further remarks, and refer the readers of this paper to their report.

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ART. IV.—*Report of Fifty-Seven Cases of Intermittent Fever, treated at the City Dispensary, by the Sulphate of Cinchonia.*  
By J. C. WELLES, one of the Resident Physicians of the Dispensary.

I WILL premise the report by stating that this charity is located at the Miami Medical College Building, and is under the care of

the professors of the College, one of whom is in daily attendance. The kind of patients who apply for relief is such as are usually found at dispensaries—poor, and mostly with constitutions much injured by disease, often from dissipation and exposure of various kinds—and therefore present greater difficulties in treatment than those found in private practice. The number applying for relief is very large, presenting a great variety of diseases. It has been and is a desideratum in the treatment of periodic diseases, to find a substitute for the sulphate of quinia, on account of the high price of this article. The cinchonia used was manufactured by Powers & Wightman, of Philadelphia, and is offered by them at one-third of the price of quinine.

Of the cases of intermittent fever, in which the sulphate of cinchonia was administered, during the months of September and October last, thirty-seven were of the quotidian type; eighteen, tertian; one, quartan; and one, double quotidian. In a number of instances, the disease was of quite recent origin; but in a majority of the cases it was of an inveterate character, contracted many months previously in the miasmatic districts of Indiana and Ohio—and the patients residing for the most part during their treatment in the most unhealthy sections of our suburbs. Anæmia and enlargement of the spleen were very frequent complications. In several of the cases, quinine had been previously used without effect.

From fifteen to twenty grains of the sulphate of cinchonia were generally administered during the intermission, but this quantity, in some cases, had to be repeated a second and even a third time, before the disease was completely arrested. In some cases, this amount was administered once, and without any subsequent treatment the disease was observed to subside after the second or third paroxysm following. It was generally given in solution with a few drops of sulphuric acid, and in this form it seemed to act more promptly than when given in powders.

It was not observed to produce nausea and vomiting, when given in large doses, except in one or two cases, where there was evident gastric derangement. In one case, fifteen grains were administered at once with the effect of only producing slight nausea, some fullness of the head, and acceleration of the pulse.

In fifty-three out of the fifty-seven cases, the result was entirely successful, the disease seldom extending beyond three days after the treatment was instituted. In the other four cases, the remedy was abandoned, and sulphate of quinia substituted, with success. These cases can not however be regarded as evidences of any great value, of the comparative merits of the two remedies, for it is highly probable that the previous use of the one rendered the system more susceptible to the influences of the other; and besides, in two of the cases (Cases IV. and V., reported below), complications existed during the administration of the cinchonia, which doubtless seriously interfered with its action, and which were measurably removed before quinine was used. In the other two cases, one of which was a quartan, the other a quotidian, there was considerable anæmia and enlargement of the spleen, but the disease was promptly checked with quinia after a second failure with cinchona in the same doses.

As far as could be ascertained, the tendency to relapse after the use of the two remedies seemed to be about the same; but upon this point no accurate observations could be made, as the patients generally ceased their attendance at the Dispensary as soon as cured, and in many instances left the city.

A number of cases were treated with quinine during the same period, and a comparison of the results obtained from each would seem to indicate that, of the two salts, sulphate of cinchonia is perhaps the less powerful, but might be substituted for the other in somewhat increased doses.

It has been used in a number of cases as a general tonic, with very decided success.

CASE I.—Edward Peel, a laborer, twenty-two years of age, applied to the Dispensary, September 5th, suffering with intermittent fever. He stated that he contracted the disease in Indiana last autumn, and since that time had suffered from repeated attacks of it. The present attack commenced about two weeks previous to his admission. Since that time he has had a chill daily, between one and two o'clock P. M., followed by fever of three or four hours' duration, then by perspiration. His spleen is much enlarged and indurated; face, sallow; lips, pale; is extremely anæmic; no marked tenderness over the epigastrium.

He was ordered a half ounce of common salt, to be taken this afternoon, an hour before the expected chills. September 6th—Chill came on as usual yesterday; was ordered the nitric acid mixture, a teaspoonful every three hours. 7th—No better. Fifteen grains of sulphate of quinia, in combination with opium and piperine, were ordered in six pills, one every three hours. He had a chill on the 7th, and again on the 8th, after using the above. On the 9th, he was directed to take one grain of the sulphate of cinchonia every hour, till twenty grains were taken. The consequence was, he had no chill on the 9th or 10th. He was then directed to take twenty grains of the subcarbonate of iron, three times daily. Sept. 26th—He had a severe chill about one o'clock P. M., when he was directed, for the 27th, eight grains of the cinchonia, in four parts, one to be taken every two hours, commencing at six in the morning. The chill did not return, and he has remained well. In this case, the points worthy of observation are, that the sulphate of cinchonia was successful after quinine and other remedies had been used without effect; and, also, that the last attack was promptly arrested with *eight grains*, administered during the intermission.

CASE II.—Bridget R., aged twenty-eight years, contracted intermittent fever about the 1st of August last, while residing near Carthage, Ohio. The disease was checked by the use of quinine, and she remained well one week. The present attack is of two weeks' duration. She has a chill every day, commencing about seven o'clock A. M. Her general health is much impaired; spleen, enlarged. She has a remarkable sensation of fullness and tension in the head, continuing throughout the apyrexia. She was ordered a simple purgative, and directed to take, on the morning of the 13th September, five grains of the sulphate of cinchonia, every hour, commencing at three o'clock; so that twenty grains were taken before the expected chill. The paroxysm was postponed till ten o'clock, when it came on in a mild form. After its subsidence, she was directed to take two grains of the cinchonia, every three hours, till ten grains were taken. On the 14th, she had no chill. From this time she remained well up to the 26th of October, just six weeks, when, after exposure to wet and cold, she was seized with shivering, followed by fever of several hours' duration. These

symptoms recurred on the 27th, and again on the 28th. On the morning of the 29th, she took twenty grains of the sulphate of cinchonia, in doses of five grains during the intermission, with the effect of completely breaking up the disease. She has had no further attack.

CASE III.—Wm. R., a laborer, thirty-two years of age, was attacked with intermittent fever about the same time and under the same circumstances, as the preceding. He used quinia once with success. His present attack is of five days' duration, of the tertian type. There is not much enlargement of the spleen, nor is there much prostration. September 13th—twelve grains of the sulphate of cinchonia were ordered, in four powders, the first to be taken at four o'clock the following morning, and one every hour following. On the 14th, however, the chill came on much earlier than usual, so that after the first dose, the further use of medicine was suspended till the 16th, when it was resumed at an earlier hour, and twelve grains were administered. There was no return of the disease, and six weeks afterward there had been no relapse.

CASE IV.—Thomas Doherty, a pedlar, thirty-three years of age, of a delicate constitution, applied to the Dispensary, October 10, laboring under intermittent fever. He has suffered repeated attacks of the disease for a year past, which were generally relieved temporarily by the use of quinine. The present attack is of six days' duration—the chill coming on generally between one and two o'clock, P. M., daily. His countenance is extremely sallow, lips pallid, spleen enlarged. He was ordered a purgative, as his bowels were costive, and directed to take, on the following morning (October 11), five grains of the sulphate of cinchonia every two hours, commencing at six o'clock, until twenty grains were taken. On the 11th, he had no chill, but a slight fever, and he was directed to continue the remedy as before. On the 12th he had no return of the disease, and the next day set out on a tour through Indiana. October 28th, he was visited at his home. The disease had returned on the 26th, and had assumed the form of anticipating quotidian. There was no well-marked pyrexia. The spleen was enlarged and tender; there was also tenderness over the region of the stomach, with pain in the back and right

shoulder. There was an icterode hue of the skin; lips pale, bowels costive. He has been troubled with vomiting for the last twenty-four hours. Counter irritants were applied over the epigastrium, and he was ordered a mercurial purgative. On the following morning, at four o'clock, he commenced taking the cinchonia, five grains every two hours, which was continued until twenty grains were taken. On the 29th the chill returned as before. The vomiting still continued occasionally. He was directed to continue the cinchonia, as before. 30th and 31st—he had chills, but the nausea and vomiting had ceased. Nov. 1st—he took twenty grains of sulphate of quinia, with the effect of arresting the chills, and a few days after, he left the city. Heard that the disease returned again at the end of two weeks.

CASE V.—Patrick M., aged 13, contracted intermittent fever in July last. At the end of four weeks, the disease was arrested by the use of some remedy unknown. On the 5th of October he applied to the Dispensary, laboring under an attack of three weeks' duration, in the tertian form. At this time his spleen was much enlarged, skin icterode, no appetite; at the same time there is tenderness of the stomach and occasional vomiting. Fifteen grains of the sulphate of cinchonia were prescribed in four parts, to be taken during the apyrexia. He did not return again until the 13th, when he stated that the chills had continued regularly. He was then directed to take fifteen grains of cinchonia, as before. On the 18th, the disease had not been arrested. At this time fifteen grains of quinine were prescribed, and he had no further attack until the 30th of October, when the disease returned again in the tertian form. November 2d, the day following his second chill, he took twenty grains of cinchonia during the intermission, and since this date he has had no further attack. In this, as in the previous case, it will be observed that the sulphate of cinchonia was once used unsuccessfully. Its failure in both cases was probably owing to the irritation of the stomach existing at the time of its administration, as in both cases it succeeded when this complication was not present.

CASE VI.—Mrs. L., twenty-six years of age, was attacked, on the 9th of October, with shivering followed by fever of four hours

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duration, then by a profuse sweat. These symptoms recurred on the 10th, and again on the 11th, commencing about nine o'clock in the morning. Early on the morning of the 12th, she took fifteen grains of sulphate of cinchonia. On the 13th she had no chill, but became slightly feverish, and from this date had no further attack.

CASE VII.—Thomas Kief, thirteen years of age, of a delicate habit, was attacked about the 5th of September last, with pain in the head and back, accompanied with loss of appetite and general *malaise*. On the 12th he was seized with shivering, followed by fever, but no perspiration. On the 13th he had no chill, but the fever recurred with a marked exacerbation in the evening, accompanied with violent pain in the head. From this time up to the 18th, heat of the skin, loss of appetite, intense headache and thirst, were the predominant symptoms. On the 18th, at 5 o'clock, P. M., he presented the following symptoms: violent circumscribed pain in the left supra-orbital region, surface of the head and trunk hot and dry, extremities below the natural temperature, pulse 120—full and rather resisting, great thirst, no appetite, bowels costive. There is a partial apyrexia each day about noon, after which the pain in the head and the other symptoms become aggravated, and reach their greatest intensity about eleven o'clock at night. He was ordered a purgative of blue mass and compound extract of colocynth, and twelve grains of sulphate of cinchonia, in four parts, were prescribed for to-morrow, to be taken at noon, three, six and nine o'clock, P. M.; at the same time cold applications were ordered to the head. On the 21st there was a manifest amendment of all the symptoms; the headache had not been so intense the night previous, and at eight in the morning it had nearly subsided. Heat of the skin nearly natural, and covered with a slight perspiration; pulse 100. He was directed to repeat the sulphate of cinchonia in the same manner as before. On the 22d there was a complete apyrexia of several hours duration, followed by only a slight accession of the symptoms in the evening. He was now directed to take two grains of the sulphate of cinchonia, in combination with fifteen grains of the subcarbonate of iron, three times a day, and under this treatment he rapidly recovered.



The above cases give a general idea of the character of the others, and their treatment.

[In the last Quarterly Summary of Transactions of the College of Physicians of Philadelphia, an article appears from Dr. Thomas, on the use of Sulph. Cinchon. We have only space here to give the aggregate result of that report: At three Dispensaries, about 280 patients of remittent and intermittent fever had been treated with this remedy, and with most satisfactory and favorable results. Perhaps we may have occasion to refer to this report at a future time more fully.—EDS. CIN. MED. OBSERVER.]

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ART. V.—*Iodine, as an Antidote to the Poison of Rabid Animals.*

By WM. H. MUSSEY, M. D., of Cincinnati.

PROF. BRAINARD, of Chicago, has demonstrated the value of Iodine as an application to snake bites. Early in 1853, I determined to treat wounds by rabid animals with Iodine, in the belief that it would decompose the animal poison; and I now present the following cases as the initiative of the treatment, without claiming that the question is *settled*, as I know that cases of Hydrophobia are exceedingly rare—not bearing a proportion greater than 1 to 20 of those wounded by animals supposed to be rabid:

CASE I. April, 1853.—Mr. B., aged 25, painter. When three miles from the city, was bitten by a dog supposed to be rabid, and I believe, was so, though there was no opportunity for the proof, as the animal was killed. The patient came immediately to my office. On his right hand were several wounds, to which I applied the Tincture of Iodine every five minutes for an hour, and then applied an emollient poultice, with directions to apply the Iodine every hour for the next ten hours, and every four hours for the twenty-four hours succeeding, with a change of poultice every twelve hours, till the wounds should heal. I saw the patient daily for a week, and occasionally for six months after. No symptoms of Hydrophobia had appeared.

CASE II. April 29, 1853.—H. S., aged twelve years. Was bitten by a furious watch-dog, in the side and arm, through clothing. There was no evidence that the dog was rabid, but I instituted the same treatment as in the former case.

CASE III. June 24.—G. H., aged twenty-five. Was bitten in the hand by a large pup, three months old. Ordered the application of Tincture of Iodine.

CASE IV. July 4.—W. M., aged nine years. Was bitten (through his clothing) by a dog running the streets. There were five wounds in the leg and two in the side. I saw the patient twenty minutes after, and applied Iodine and poultices, as in Case I. The patient is well at this date. The same dog bit an Italian in the leg, and the surgeon in attendance cut out a large piece of the integument, and the patient recovered from the operation, and was not attacked with hydrophobia. I believe the dog was mad, but as he suffered the death penalty, there was no opportunity for proof.

CASE V. September 16.—Mrs. S. Bitten in the hand. I could not determine if the dog was rabid or only *worried* by its pursuers. Ordered Iodine. There was no subsequent trouble.

CASE VI. December 6.—W. A., aged twelve. Bitten several times in the hand. Treated as Case I.

CASE VII.—H. K. aged ten. Bitten by same dog. Ordered like treatment. No subsequent difficulty.

CASE VIII. June 26, 1854.—Miss H., aged 19. Was bitten in joint of great toe by a cat. *Four days* after, I was called, and found joint inflamed, and slight tetanic spasms about the larynx and inferior maxilla. Applied Iodine and poultices, and administered antispasmodics. Patient recovered.

On a review of the foregoing, it will be noticed :

1. That in *all* cases I apply the Tincture of Iodine, as there is some uncertainty as to the character of the wound.
2. That in cases 1, 4, 6 and 7, the animals inflicting the wounds were probably rabid; whilst in cases 2, 3, 5 and 8, the animals were probably not rabid.
3. That in cases 1, 3, 5, 6, 7 and 8, the parts wounded were not protected by clothing.
4. That dogs show no respect for the calender, or summer ordinances, but have their day whenever it suits their taste.

ART. VI.—*Cases of Keratoconus, or Conical Cornea.* BY E. WILLIAMS, M. D., of Cincinnati.

KERATOCONUS, in the restricted sense to which it is very properly limited by most writers on Ophthalmology, is a very rare disease; hence, it may not be amiss to give the particulars of a case that has lately fallen under my observation, together with a translation of some others that have been reported by Prof. Arlt, of Prague, in his excellent work on diseases of the eye. In a future number it is my intention to make some remarks on this singular affection, for which these details will serve as a basis. Real keratoconus is a conical projection of the cornea, in which the transparency is preserved (except sometimes at the apex of the cone), and which comes on generally without any appreciable cause.

The patient, to whom I referred above, is a lady 25 years of age, of a bilious temperament, stout make of body, and rather over the medium size. Her health has always been remarkably good, and she has *never*, at any period of her life, suffered from any *inflammatory affection* of the organs of vision. She is one of a numerous family of children, all of whom enjoy good health. The father is a robust man, but the mother has for several years been subject to a troublesome cough. None of her immediate ancestors so far as she knows, have died of *phthisis*, or been the victims of any of that class of diseases styled *strumous*.

At the time that this disease began to develop itself, she was quite free from any derangement of health. About fifteen years ago she observed that she was obliged to hold objects nearer than usual, in order to see them, and even then they were somewhat indistinct. Till a physician was consulted some years afterward, no change in the form of the eyes had been observed by her friends. He remarked, that both corneæ were unnaturally prominent, and conical in shape. The affection was treated for a long time by a solution of nitrate of silver, instilled daily into each eye, without any other effect than permanent *discoloration* of the conjunctiva. For the last ten years it seems that the disease has remained stationary, and the power of vision unaltered.

## ACTUAL CONDITION.

When examined immediately in front, and before a bright window, the eyes have a remarkably bright and sparkling appearance, especially at the central part of the cornea, corresponding to the summit of the cones. The images of objects in front of her, formed by reflection from the convex surface of the cornea, and which appear a little in front of the plane of the pupil, are *smaller* than those seen in a healthy eye, under the same circumstances, and the pupil, seen through the apex of the cone, appears more magnified than if viewed from the side. Observed from the side, both corneæ are seen to project forward, in the form of a regular cone, the apex of which, in the left eye, is a little to the *outer side*, in the right, quite in the *center* of the cornea. The convexity of the sides of the cones is about the same from near the summit to the base, which corresponds very nearly with the base of the cornea, and no irregularities can be detected upon them, either by the unaided eye, a magnifying glass, or in the distortions of the images of surrounding objects as they are seen reflected, by an observer. Viewed in profile, in this way, the eyes appear as though a drop of clear water, or a sparkling conical diamond, were set upon the cornea. The apices of the cones, when the eyes are moderately opened, project a little beyond the lids, but the patient is not conscious of any difficulty in closing the lids over the prominent eye-balls, nor do they remain at all open during sleep.

The depth of the anterior chambers is greatly increased. The distance from the center of the most projecting part of the cornea to the middle of the plane of the pupil, would amount perhaps to  $2\frac{1}{4}$  lines; the depth of the anterior chamber in the normal state varying from  $\frac{3}{4}$  to  $1\frac{1}{4}$  lines. In this respect there is no perceptible difference between the two eyes.

At the summit of each cone, which is not very pointed, but rounded off somewhat like the top of a sugar-loaf, are to be seen three or four separate small grayish-white patches, of a beautiful stellated appearance. The center of each patch is more opaque than the radiating stripes that branch off from it. The rest of each cornea is perfectly transparent, the aqueous humor clear, the iris of a deep brownish-yellow color, and freely movable under

varying degrees of light. The part of the globe, posterior to the base of the cone, is perfectly normal, as well as the consistence of the eye-balls, as tested by pressure with the finger.

When, by a voluntary effort, the patient closes her eyes, the corneæ turn upward, and slightly inward, as observed by the prominences on the external surface of the lids. Except when irritated by collyria, the eyes have never been painful or red, or presented any of the phenomena of inflammation.

As to the function of vision, it is much less impaired than one would suppose from the great change of form which the corneæ have undergone. The sight of the left eye, in which the apex of the cone does not correspond exactly to the center of the cornea, is much better than that of the right. With the former she reads ordinary print with tolerable facility, but only at a distance of one and a half to two inches. She holds the book very close, and obliquely, so as to present the letters to the *side* of the eye. Directly in front of the most convex part, she can not see to read, but lateral vision is tolerably good, and the eyes are not very easily fatigued by exercise, if the light is favorable. At a distance of even two feet she can not distinguish faces without much difficulty, but sees pretty clearly the outlines of large objects several squares off—says she can read the names of steamboats that pass when she is on the river. She can recognize the spire of a church, three or four squares away, but is unable to discern the globes or crosses upon it. Her vision is very slightly improved by concave glasses, but the eyes become sooner fatigued *with* than *without* them. With a colored diaphragm, perforated with a small hole, and placed in a spectacle frame, she sees a little clearer, but the eyes soon tire and become painful under their use.

In the first volume of his *Krankheiten des Auges*, Prof. Arlt says: "There are few affections of the eye, about which so many different opinions have been advanced as in regard to KERATOCONUS. In order to the proper appreciation of these conflicting views, I will preface them with a few reliable observations.

"The first case of *conical cornea* which I saw, was in the practice of Prof. Fr. Jäger, in Vienna, in a young chlorotic girl, between fifteen and sixteen years old. I have carefully observed only one other case here in Prague.

“Miss G., aged 18, was brought to me in 1846, by Dr. F. Bach. This physician, who for many years previously had visited almost daily the family of this girl, suspected the commencement of amaurosis in the left eye, because she had complained for about eight weeks of impairment of vision in this organ, and confusion of the sight of the right as a consequence, when both were used simultaneously. He had, from the commencement, repeatedly and carefully inspected the eye, without being able to detect any appearance of inflammation, or opacity of the transparent media.

When we examined the eye, and especially the cornea, in respect to its physical properties, we found to our no little astonishment, that the image of the window sash, formed by the reflection of light from the left cornea, was *irregular*, and a look from the side, afforded us the certainty of what we had to deal with. The cornea, perfectly transparent and smooth, projected in its middle (a very little upward and outward from the mathematical center), about a half line more forward than in the normal condition, and the side of the cone from base to apex, was almost straight. There was no opacity, loss of substance, softening of the tissue of the cornea, lachrymation, intolerance of light, pain or injection of the anterior ciliary vessels. The patient was only incommoded in sewing, reading, or other exercises that required accurate vision; and, in order to see fine objects clearly, and for a length of time, was obliged to close the left eye. She discerned near objects with the affected organ, easier than distant ones, but still not clearly, and it soon tired and swam in tears. The girl had suffered for more than three years with chlorosis, and labored, undoubtedly, under *tuberculosis*, from which disease her two brothers had already died. A short time before the development of the affection of the eye, she had been annoyed for several weeks by an extremely severe *facial neuralgia*, attributed by her to cold.

The only topical applications used were instillations of Sydenham's laudanum, and afterward, of a weak solution of nitrate of silver. Besides this, I regulated her diet, and directed the treatment more especially to the constitutional disease. She was put, for a long time, and at repeated intervals, upon the preparations of iron, and advised to spend the pleasant season at the baths of Giesshübler and Liebwerder, in the country.

About two years after the commencement of the disease, there formed a slight opacity upon the summit of the cone, without any trace, however, of inflammation or loss of substance, which opacity has persisted now for about three years, unchanged. The disease of the left eye now produces much less confusion in the use of the right, at work, than formerly; but the patient is still, however, not in the condition steadily to observe minute objects for a length of time. With the affected organ alone (the other one being closed), she can read the finest print when brought within a distance of *three inches*, and is able to distinguish the outlines of persons not farther off than four paces. Her general condition for the last twelve months, has been tolerably good—at least better than during the preceding years.”

Dr. Heyfelder has published the following case in *Ammon's Zeitschrift für Ophthalmologie*, vol. iv., p. 198:

“In a man thirty-two years of age, of a scrofulous diathesis and remarkably flat forehead, both corneæ presented the conical prominence which by some has been called *hyperkeratosis*; by others *cornea conica*, and by others still *staphyloma conicum pellucidum*. The projection, particularly marked in the right eye, formed a sugar-loaf-like pyramid, whose apex corresponded to the center of the pupil, and of the cornea. In the left eye, the prominence was less decided, and resembled more a *mole hill*; but here, also, the highest point was in the center of the cornea. In both eyes the cornea was perfectly transparent. The light acted but slightly upon the iris, but the pupil dilated on the application of belladonna.

Examined in front, both eyes appeared as though they supported pearls upon the cornea, opposite the pupil. Viewed from the side, the cone presented a beautiful opalescent appearance. The vision of the left eye was not impaired to the same extent as that of the right, still the man was unable to distinguish anything at a distance of six paces. He perceived distinctly only those objects which he held, not straight in front of the eyes, but laterally, or under the nose. Direct vision, however, was slightly improved by dilating the pupil with mydriatics. The patient had had this difficulty of the eye since his earliest childhood. According to the assertions of the mother, he did not come into the

world with it, but acquired it in his second year, while laboring under severe *pertussis*. She even asserts that the deformity appeared suddenly, during a violent paroxysm of coughing! The correctness of the latter statement is of course to be doubted."

The subject will be continued in a future number of the *Observer*.

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ART. VII.—*Clinical Lecture at St. John's Hotel for Invalids*, corner Third and Plum, Cincinnati, by Prof. J. P. JUDKINS, one of the Attending Surgeons.

*Favus Porrigo—Tinea Favosum.*

CINCINNATI, Oct. 17.

WE have here, gentlemen, a disease of the scalp—which is interesting to a medical man in several points of view.

Catharine—aged thirteen, pale, thin and of feeble appearance—first noticed the eruption upon her head about four months ago; we can not learn from her the precise form under which it first made its appearance.

At first view of the case, I met with some difficulty in forming a correct diagnosis, for the characteristic feature of the disease was somewhat masked by secondary productions—resulting from inflammation, caused by scratching, or some irritating applications—but by a careful examination of the predominant morbid element, and the absence of those signs which are peculiar to other eruptions of the scalp, I was enabled to pronounce correctly upon its nature. The crust of *favus* differs, essentially, from that of either *eczema* or *impetigo capitis* or *herpes tonsurant*. You observe one spot near the left parietal eminence, which is entirely bald, and where the skin is not inflamed, but is of a pale or natural color. This small spot was once occupied by one of those crusts.

No pediculi are seen, for our patient, since her admission into the hospital, has been subjected to the care of excellent nurses. A slight offensive odor is emitted by the crusts. When these are detached, alopecia more or less complete, will probably result.



Some scattered points are seen, formed by little elevations of a bright yellow color, through which one or more hairs pass.

At its commencement, this disease is not attended by heat, or itching, and hence it is not often noticed until fully developed. Most frequently, it makes its first appearance on the forehead, at the edge of the hair, but soon spreads, and may extend over most of the scalp. It appears in small elevated spots, size of a small pin's head, of a bright yellow sulphur color—one or more hairs traverse it, and where the hair emerges, there is a conical depression. This form and its color, from its supposed resemblance to honeycomb, has given to it the name of favus.

As the crust thickens, its pressure upon the sensitive parts beneath produces irritation—heat, and tingling are experienced, followed by scratching, causing cracks or fissures, in which, often large numbers of pediculi are generated, the whole emits an offensive odor, which by some has been compared to that of mice, and by others to the urine of the cat.

“The crusts are hard and dry, and break with a short fracture, exhibiting within a mealy powder, of a paler yellow color than the external surface.” The hair involved in the crust begins to change from the commencement of the disease, much of it falls out, and those that remain are thin and pale. If the affection is old, the hair will not be reproduced; and even when it is cured early, the hair scarcely ever regains its normal appearance, being atrophied, and of a whitish yellow color.

Cases are recorded, where all of the scalp, with parts of the neck and forehead, were encased in one large yellow crust, at the edges of which, some small characteristic favi were invariably seen.

*Causes*—The scrofulous constitution is believed by some to be a predisposing cause. Anything that will cause an impoverished condition of the system, as insufficient or bad food, residence in damp and unwholesome localities, or in crowded, dirty and ill-ventilated apartments. Alibert thought that these conditions alone, without contagion, were sufficient to produce the disease. But the majority of dermatologists, who believe in the vegetable nature of this disease, contend that it is produced by contagion, a mealy powder or sporules being the media of transmission; but

they say that these parasitical fungi, require for their growth a peculiar soil, and this is found in individuals of a peculiar cachectic condition.

Neligan has seen numerous instances of the propagation of favus by direct contact, from child to child, and from children to adults. Divergie also gives analogous cases, where several persons were affected from wearing the same cap. Cazenave relates one case, of its occurring spontaneously upon the scrotum of a man.

The *diagnosis* of this affection is comparatively easy. No other disease presents the peculiar sulphur-yellow crusts of favus, —and there is no secretion or desquamation, as in other forms of eruptions upon the scalp. At its commencement, it might be mistaken for *impetigo*; but the speedy development of pustules in the latter, will readily distinguish it. In difficulty, the microscope would give great assistance. *Prognosis* is only unfavorable from the tenacity of the disease, and the atrophy and loss of hair which it induces. Some writers think that it has a deteriorating effect upon the mind of the patient.

*Seat and Nature of Favus.*—Erasmus Wilson pronounces it a disease of the hair-follicles. Cazenave says that it is a morbid secretion of the crypts which open into the pilous canals. Divergie contends that it differs from all other cutaneous diseases by being a true vegetable production.

Shoenlein, of Germany, was the first who detected its vegetable nature, and Robin, of Paris, the celebrated microscopist, has described it minutely, and represented its various parts by accurate plates.

Gruby, Remak, and J. Hughes Bennet, have induced the disease by inoculation.

Gruby inoculated the bark of an oak with the granular matter of a favus crust, and succeeded in producing a morbid production analogous to the disease on the child's head from which the granular matter was taken; this was presented to the members of the French Institute, and Divergie, who was present, says "that its nature could not be mistaken."

This is a strange phenomenon, gentlemen, and, if true, is it not susceptible of improvement? May they not be able to succeed

in ingrafting other species of plants upon these cryptogamia? If so the heads of our heroes could be crowned with a wreath of living laurel. But, unfortunately, some difficulty may be encountered in divesting it of the offensive *favus* odor. Yet this may not be deemed an insuperable objection, for some of the laurels upon the heads of our so-called great men do not exhale the most delicious perfume in the world. But pardon the digression.

Erasmus Wilson, to whom we are indebted for the best work in the English language, upon cutaneous diseases, denies the contagion of *favus*, and also its vegetable nature. He reasons well, and adduces many facts in support of his arguments. He shows the analogy between the cellular tissue of vegetables and animals. He says that depressing causes may lower the vitality of nutritive power, so, as in *favus*, it may assume the lowest form of organization and yet not be vegetable. His reasoning is strong and plausible, and has the adhesion of the celebrated M. Cazenave. But the majority of dermatologists believe firmly in its vegetable nature.

Before alluding to the treatment, I will give you the opinion of Divergie, as contained in his excellent recently published work:

“First, *Favus* is a disease entirely different from eczema, impetigo, or *ptyriasis* of the scalp.

Second, This disease, the original cause of which is unknown, is characterized by the development of a vegetable production around the bulb of the hair, which last is compressed and invaded by it, and a loss of more or less hair results.

Third, It is essentially contagious, and is transmitted by the organized granules, like vegetables.

Fourth, It is mostly a disease of childhood and adolescence.

Fifth, Although most frequently seated upon the head it may be developed on other parts of the body.

Sixth, It never furnishes a product of secretion when left to itself, but may do so if subjected to the influence of irritating ointments.

Seventh, It may get well spontaneously, but the cure thus obtained is only at an advanced age of life, and although cured, the disease still leaves traces of its existence, by atrophy, or loss of hair.

Eighth, It is one of the cutaneous diseases the most refractory to treatment."

*Treatment.*—A great variety of remedies have been used in the treatment of favus. Many writers still believe that the removal of all the hair involved in the crusts is indispensable to the cure. Methods have been used to remove the hair which inflicted great suffering upon the patient—such as cutting the hair close, then covering with some strongly adhesive plaster, and after remaining for several days, was violently jerked off, pulling the hairs out of their follicles. Death has resulted from this cruel mode of treatment.

The celebrated *Calotte*, so much in vogue at one time, and probably still used in some of the European countries, consists of a mixture of rye flour, verdigris, black pepper, rosin and burgundy pitch; this forms a very adhesive mixture. Spread upon strong linen, it was placed upon the scalp, and after remaining for three or four days, it was forcibly removed, bringing the hair with it. Success has attended its use, but doubtless the disease was, in some degree, modified by some of the ingredients contained in the plaster.

The brothers Mahon succeeded in curing many cases. Part of their treatment consisted in the use of depilatory ointments, which contained quick lime. They required eight or ten months to effect a cure.

Plumb advised the removal of hairs, one by one; this would be rather a tedious process. *Cazenave*, of the hospital St. Louis, in Paris, first modifies the temperament of his patient by the use of bitter infusions, iron and cod liver oil. Locally—after cutting the hair, poultices are applied at night, and alkaline washes are used in the morning. To remove crusts, to facilitate the removal of the hair, he uses preparations of quick lime and sulphuret of lime. When the crusts are off, ointments of calomel, etc., are used. He also prescribed emollient, sulphur and alkaline baths during the course of treatment. He generally succeeds in curing the disease in two or three months. *Divergie*, of the same hospital, uses nearly the same constitutional treatment as M. Cazenave. Locally—after cutting the hair, he uses poultices, greases the

scalp with lard, washes with soap and water, etc., until the crusts are detached—uses ointments of tanin and preparations of zinc. Every second day he prescribes a sulphur bath. After proceeding thus for a fortnight, he increases the strength of the ointments, and removes the remaining hair with the forceps.

Erasmus Wilson places his patient under better hygienic conditions—as air, exercise, clothing and washing—gives Tonics, of which he prefers Iron; he also uses alteratives. He orders the favus crusts to be soaked with oil at bed-time, and to be washed with soap or a lotion of carbonate of soda in the morning. As a local application, he uses the ceratum tigllii, 10 to 30 grains to the ounce, or the ung. hydrag. nitratis, diluted one half; or compound sulphur ointment, with some others. The oil silk cap to be worn. He says that the hairs do not act as irritants, and hence their evulsion is not required, yet he believes that the disease is located in the hair follicles.

I will now give you the treatment proposed by Nelegan, and which will be adopted for this case. The general condition of our patient has been much improved since her admission into the wards of the hospital, although but a few days have elapsed. Her diet will continue to be good, but will consist mostly in milk and farinaceous articles of food.

For internal medication—we will put her on Nelegan's prescription of iodide of arsenic:

R. Arsenici Iodidi, one grain.  
Mannae durae, six grains.  
Mucilage, q. s.      Mix et. ft. xij. pills.

Give one morning, noon and night.

A careful watch must be observed while giving this or any other form of arsenic. If any untoward symptom should appear, such as nausea, vertigo, numbness in any part, cramp in the leg, oedema, etc., we must stop the use of the article for a few days, and then resume it.

Locally—we will cut her hair close, not shave it, and apply flax-seed poultices for ten or twelve hours. Every morning the part

will be washed with an alkaline solution, (carbonate of potash, oz, water, Oi). Then apply an ointment, composed of carbonate potash oz., lard oz., glycerine oz.—spread upon lint and applied to the part diseased. This ointment will be used twice daily—a close-fitting oil silk cap to be worn. By these means we may succeed in removing the crusts in two or three days. When the crusts are off, will then use the following:

R Iodide of Lead, half a drachm.  
Lard, one ounce.      Mix well.

Spread on lint, and apply morning and evening; but each application preceded by washing with the carbonate of potash solution.

If the ointment should produce too much irritation, we will omit its use for a day or two, and then resume it; still using however the alkaline wash.

Nelegan recommends to use the ointment of this strength for about a fortnight, and then to increase its strength a little; and after conducting the treatment in this manner for three or four weeks, to stop the use of all applications, and watch the part for several days. If any sign of favi re-appears, use the ointment of double strength. He insists upon the constant use of the oil-silk cap during the whole course of treatment; and the iodide of arsenic to be continued until we are certain that a cure has been effected.

NOVEMBER 19.

Here is our little patient, gentlemen, whom you have seen from time to time since she has been under treatment.

From a careful inspection of her head, no sign of favi can be detected; upon the spots deprived of hair, we can see some new hair appearing, it is sparse and thin—atrophied. Her general health is much improved.

I think we can say that the cure is complete.

[NOTE.—Cases of diseased ankle joint, subsequent to injury; varicose ulcers; and others of interest, have been before the class in this Hospital from time to time, some of which will be reported in a future number.]

## REVIEWS AND NOTICES.

ART. VIII.—*History of Medicine, from its Origin to the Nineteenth Century, with an Appendix containing a Philosophical and Historical Review of Medicine to the present time*: By P. V. RENOUARD, M. D. Translated from the French by C. G. COMEGYS, M. D., Prof. Inst. Med., Miami Med. College. Cincinnati: Moore, Wilstach, Keys & Co. New York: Miller, Orton & Mulligan. Boston: Whittemore, Niles & Hall. Philadelphia: J. B. Lippincott & Co.

"The student of M. Renouard's History (says the Brit. and For. Med. Rev., of which twenty-one pages are devoted to its notice) may make much of it \* \* \* for the contemplation of such a *coup d'œil* as this history of medical progress affords can not but instruct us. He may conjure up the dead, mighty in medical art and science; he may pass them before him as in a panorama. The shadowy forms of Egyptian priests will head the array; then will follow the scarcely less shadowy Greek priesthood, and the silent and contemplative disciples of Pythagoras. The Cnidian, and then the Asclepiadæ, marshaled by Hippocrates, will follow then—Socrates, Plato, and Aristotle, mingling in their ranks. Then, once more, a long array of Egyptian sages will appear, the masters of the Alexandrian School, flanked by those of Pergamos, with a multitude of disciples, Pagan and Christian, Asiatic and Latin. Close upon these tread the Arabians, intermingled with Greeks of the declining empire; and misty forms bring up the rear, a motley, commingled multitude. On they pass, until again Greek figures are visible, marshaling on the men of the dawning Middle Ages. Strange is their array! Bearded and gowned necromancers, cowed priests, short-frocked bathmen and barbers, hooded women. Motley, too, their banners. The symbols of Astrology and Christianity are written on them, with the names of Aristotle, Hippocrates, and Galen, of Plato, Avicenna, and Paul of Ægina, of Celsus, Boëtius, and Cœlius Aurelianus. But the light dawns more brightly as the panorama moves on, and Galileo, Bacon, Vesalius, and Harvey, and Sydenham, and sages whose names are as familiar to the student as his own, appear in the scene. They are intermingled, however, with Rosicrucians, and alchemists,

pretenders and fantastic dreamers, among whom we recognize John Brown and Mesmer, Hahnemann, and our old friend Dickson—he of ‘Chronothermalism,’ being both last and least.”

The History of Medicine, by M. Renouard, is contemplated under three grand divisions or ages: *First*, the *Age of Foundation*, going back into the infancy of human society, and while all history is draped in obscurity and fable, runs through a long lapse of time, and finally terminates in the second century of the Christian Era. This first Era is subdivided into five periods: *First*, the Primitive—gives the traces of Medicine in the earliest times and records, and among the ancient nations, ending with the destruction of Troy, nearly twelve hundred years before Christ. *Second*, the Sacred or Mystic Period, treats of the practice of Medicine and medical teaching in the temples, the origin of systems, and ending with the dissolution of the Pathagorian Society, five hundred years before Christ. *Third*, is the Philosophic Period; it only occupies about two hundred years of time, but it embraces the doctrines of Pythagoras, and the systematic arrangement of Medical Science, by the master mind of Hippocrates, notices of Plato and Aristotle, and ending with the foundation of the Alexandrian Library. *Fourth*, the Anatomical Period, begins with the School and Library at Alexandria and comes down to the death of Galen. This brings us to the Second Great Era—the *Age of Transition*, and this is again divided into the Greek Period and Arabic Period—comprising the times of Alexander of Tralles, Avicenna, Albucasis, the burning of the Alexandrian Library, and coming down to the revival of letters. The third Era is the *Age of Renovation*, and brings the history of Medicine down to the end of the eighteenth century. We have this Era divided into, seventh, the *Erudite Period*, and treats of those events that grew out of the revival of letters; we find chapters on the Humanist Physicians, Anatomy, Hygiene, Pathology, Clinics, Occult Sciences, together with notices of Vesalius, Ambrose Pare, Paracelsus, and various lesser lights. Eighth, the *Period of Reform*, comprises the seventeenth and eighteenth centuries, and is rich in trophies of our profession. Thus, in chap. I, we have notices of William Harvey, and the circulation of the blood, of Glisson, Van Haller, and John Hunter; in chap.



II we have sections on inoculation, Jenner, and vaccination. We have notices of Bichat, Cullen, and Boerhaave, of Bacon and Locke—Hoffman, Cullen, and Brown—Lind, Chalmers, and Daniel Drake. Added to the whole are materials and reflections upon the History of the First Half of the Present Century, in the form of an Appendix. We have been thus full in our synopsis of the great work of M. Renouard, because of our estimate of its intrinsic worth and value to the profession; it is a work that we have been anticipating, in its English dress, for some time, and with much interest. We should be glad if we could spare space to give a more general analysis than the brief summary which indicates its scope so meagerly. We have had brief compendiums of Medical History heretofore; this is the only complete and elaborate work that truly goes over the whole field. It would be a matter of great satisfaction if we could spare room to speak at length of the manner in which Prof. Comegys, the American editor and translator, has performed his part. We do know personally that he has been most assiduous and untiring in his labors preparing the work for the press, and supervising its issue, and it will be sufficient to say that his friends have not been disappointed in their expectations of his ability. We also take pleasure in calling attention to the translator's preface, containing, as it does, so good a summary of medical progress in the past, and breathing so hopeful a spirit for the future. This is a book that we hope will receive the cordial support of the profession in particular, and of literary men in general, as its interest is by no means confined to the medical fraternity. We close with a paragraph from the translator's preface. After alluding to the increased longevity of the human race, through the labors of our Science, he adds: "Who supposes its power to benefit mankind can not be immensely augmented? Who is content that it should be stationary? Certainly not medical men. Its higher success is the dream of their lives; they gaze into a hopeful future, and are filled with glowing and bright pictures of the era when this Science shall be

"Above the reach of sacrilegious hands,  
Whose honors with increase of ages grow,  
As streams roll down, enlarging as they flow.'"

ART. IX.—*The Obstetric Memoirs and Contributions of JAMES Y. SIMPSON, M. D. F. R. S. E., Professor of Midwifery in the University of Edinburg, etc., etc.* Edited by W. O. PRIESTLY, M. D., Edinburg, former Vice President of the Parisian Medical Society, and HORATIO R. STORER, M. D., Boston, U. S., one of the Physicians to the Boston Lying-in Hospital, Members of the Medico-Chirurgical and Obstetrical Societies of Edinburg, etc., etc., etc. Vol. I., pp. 756; Philadelphia, J. B. Lippincott & Co., 1855.

There is probably no writer of the present time, on Obstetrics and kindred branches who is attracting as much attention as the one before us, and whose works will be more eagerly sought after. As an innovator in Obstetrical science, he has taken the lead; many of his suggestions are calculated to startle the timid, and cause distrust even among those who are disposed to progress in Medicine. His views and course of procedure, have, in many instances, been severely criticised, and frequently with an asperity of feeling illy calculated to insure truthful results. Through all this, he has maintained his positions, with great ability, even if he has not come off victorious. His industry and originality can not fail to leave an impression on Medicine, superior to any modern author; and we hail with pleasure, this volume, containing his views, that have not heretofore been accessible to most of us, on account of their being scattered through the pages of periodicals, most of which were out of print. It supplies a want felt by all who have taken an interest in professional matters.

Our limits will not permit us to enter at length into any thing like a review of this book, and we must therefore content ourself with a brief allusion to its scope, and some of the most important innovations introduced by Prof. Simpson.

The work is divided into three parts.

Part 1—Relates to the Special Pathology of the Unimpregnated Uterus, and contains articles on forty-four different subjects, embracing many of the most important that will come under the notice of the practitioner of Medicine.

Part 2—Is upon subjects connected with the Physiology and Pathology of Pregnancy, and contains five separate articles.

Part 3—Embraces matters connected with Natural and Morbid

Parturition, under thirty-four heads. A few of the most important proposed improvements may be alluded to briefly.

In 1844, Dr. Simpson proposed, in certain cases of placenta prævia, the extraction of the placenta before the child.

In 1845, the use of alkaline salts in placental Phthisis.

In 1847, the operation of turning as an alternative for craniotomy.

And, in the same year, the use of anæsthetics in labor.

In 1843, the Uterine Sound was proposed in uterine diagnosis.

And, in the same year, the treatment of displacement by intra-uterine pessaries.

In 1844, the incision of the cervix uteri, in obstructive dysmenorrhea.

And in 1849, the employment of sponge tents to expose intra-uterine polyphi.

To say that he has established his views on all these subjects, would not be true. That a portion are now acknowledged to be valuable contributions, must be admitted beyond a doubt, while others must be held subject to further investigation. The intra-uterine pessary, for instance, we think may very justly be considered as at least a doubtful instrument, even if its unsafeness has not been demonstrated. On this point, however, much must be conceded to him; and before we condemn it, be sure that the instrument has been fairly tried, as recommended by the author. This book contains *all* of Dr. Simpson's Obstetric writings, up to April, 1855, with but a single exception: and this series, which was written for the Library of Medicine, he now considers of secondary value.

This author, who is not yet forty-four years of age has achieved more than most men in a long life-time. The value of some of his contributions, it is true, are yet to be determined; but they can not be passed over without an examination, and when subjected to the crucible of professional experience, we have a strong faith that most of them will be found on the side of truth.

Every practitioner who is ambitious to keep pace with the progress of his profession, must possess and read this work.

For sale by Truman & Spofford, Main street.

ART. X.—*Principles of Human Physiology, with their chief Application to Psychology, Pathology, Therapeutics, Hygiene, and Forensic Medicine*, by WM. B. CARPENTER, M. D., F. R. S., etc., etc. A new American, from the last London edition; two hundred and sixty-one illustrations. Edited, with additions, by FRANCIS G. SMITH, M. D., Professor of Institutes of Medicine in the Medical Department of Pennsylvania College, etc.: Philadelphia, Blanchard and Lea, 1855.

The highest compliment that can be extended to this great work of Dr. Carpenter, is to call attention to this, another new edition, which the favorable regard of the profession has called for. Carpenter is the standard authority on Physiology, and no physician or medical student will regard his library as complete, without a copy of it.

The present edition is under the careful supervision of Professor F. G. Smith, as American editor, and brings up the newest discoveries and latest additions to the science.

For sale by H. W. Derby.

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ART. XI.—*Clinical Lectures on the Diseases of Women and Children*, by GUNNING S. BEDFORD, A. M., M. D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery, in the University of New York—"Medicus curat morbos, natura sanat."—Hippocrates. Second Edition: New York, S. S. & W. Wood, 1855. 8 vo., pp. 550.

From the preface to Dr. Bedford's book, we learn that in the fall of 1850, he established an *Obstetric Clinic* in connection with his chair, in the University of New York, which has been in successful operation from that time to this—being held every Monday throughout the year, excepting about six weeks; that, in that time, about *eight thousand cases* of disease have been presented to his classes; and this volume is, so to speak, an epitome of those cases, as discussed and treated in this clinic. The lectures were taken down, *verbatim*, as delivered, and have, from time to time, already appeared in the *American Lancet*. The fact that these lectures have gone to a second edition in the short space of three months, sufficiently attests the favor they are receiving at the hands of the profession.

As has been very well remarked, "Clinical instruction must be considered as an indispensable branch in every scheme for a complete course of Medical Education;" and while we very cheerfully

commend this work to our readers, as being rich and full with practical suggestions in the treatment of disease at the bed-side, and full of brief, running commentaries even, it by no means supplies the necessity for a personal study of cases at the bed-side. This work of Dr. Bedford's can, of course, from its very nature, never become a text-book, any more than a Medical journal is; but it will be a very pleasant source of reference for physicians, in the hurry and press of full practice.

We should be glad to quote some paragraphs, exhibiting both the style and sentiment of the author; for want of room, however, we simply indicate the topics of a single lecture (of which there are thirty), taken at random: LECTURE VII.—Critical period of Female Life; Final Cessation of the Menstrual Functions; Sympathetic Cough from Intestinal Worms; Pulse of Disease and Pulse of Momentary Excitement; Induration of neck of the Womb; Prolapsus Uteri, caused by jumping from a carriage; Menorrhagia during lactation; Palpitation of the Heart in a girl of thirteen years of age; Ophthalmia Neonatorum, in an infant; Chorea, in a girl aged ten years, from Intestinal Irritation.

For sale by Moore, Wilstach, Keys & Overend.

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ART. XII.—*Medical Lexicon of Terminology*: being a complete vocabulary of definitions, including all the technical terms employed by writers and teachers of Medical Science at the present day, and comprising several hundreds of words not found in any other dictionary; designed for the use of students and practitioners, by D. MEREDITH REESE, M. D., Resident Physician of Bellevue Hospital, New York, Editor of Cooper's Surgical Dictionary, etc. Third Edition: New York, S. S. & W. Wood, 261 Pearl street, 1855.

This little volume commends itself to our notice, as a convenient and remarkably complete Table or Pocket Companion. In order to abridge this work into its present compact shape, the briefest definitions have been given, consistent with clearness, and all references to etymology are omitted, while many obsolete words are altogether excluded. For these, the student is referred to the large and standard works, which this little work by no means attempts to displace.

For sale by Moore, Wilstach, Keys & Overend.

## EDITORIAL AND MISCELLANY.

## SALUTATION.

WE are in the midst of a bustling, active, pushing age. Incentives to the progressive stimulate us on all sides. This is true in commerce, it is true in inventive discoveries, and it is true in all those matters pertaining to the profession of medicine; at no time has scientific research ever been carried on with greater vigor or energy. Doubtless much that we dignify with the title of medical progress is fallacious, and much more will in its turn prove knavish. Systems of quackery never more abounded than in this busy whirl of an eventful period; yet even these considerations exhibit an active, restless spirit pervading the great deep of human thought and enterprise, out of which ultimately the store-house of truth will surely garner its harvest of treasure.

It was the gratifying expression of a venerable member of the profession, that medical science was at this day making more rapid advancements toward perfection, than at any former period of medical history. We believe this is true, and further, that the grand march of attainment in the past, as well as the advancements of to-day, are through the inspiration and genius of scientific medicine. We are not of that number who fancy medical science to have by any means arrived at perfection. Grand outlines or way-marks have doubtless been as truly fixed in medicine as in mathematics or natural philosophy, and the *corps de observation* of our profession, with a laudable *esprit*, are continually filling up the details of the work. We believe these continuous, steady steps of progress will still be found henceforth, as in the past and the present, marked in the history of the Regular Profession.

In this day of multiplied medical books, medical gazettes, and medical schools, these general reflections seem sufficient by way of apology for the appearance of a new medical journal, as a new monthly expositor and record of these stirring days of action and event; feeling, besides, a settled conviction that people

do not so much care or inquire *why* an enterprise is projected, as *how it is accomplished*.

Our position will be as defenders and promoters of scientific medicine in its broadest, progressive, and orthodox sense. The code of ethics of the American Medical Association shall receive our hearty support. Medical politics will not be overlooked where the interests of the profession are involved, but private advantage can receive no support from this journal, unless inseparably connected with the general good. It will cease to regard its due self-respect when it becomes the organ or exponent of any faction, sect, or clique. It will labor and hope to be the organ of all those that love our profession; to represent its active, working membership; in all things to occupy a high, honorable, and worthy position. Beyond these general remarks we prefer to make no special promises for the future, but rather let the work speak for itself, with the full confidence that the profession will judge and reward us according to our deserts. In this spirit we extend a cordial hand of fellowship to our co-workers everywhere, and solicit from them in reciprocity their kindness, their indulgence, their hopeful charity, their working friendship.

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*Clubs*—We call special attention to the very liberal terms offered to Clubs; five copies for \$8 of a handsome first class Medical Journal, is placing the terms at the very lowest figure consistent; too low, unless a liberal patronage is afforded. We desire on account of the interest of all concerned to have general returns by the 15th of January.

WE send a large issue out to most of the Physicians of this valley; those who do not desire to take the Observer, will confer a favor on the publisher by either returning this number, or signifying their wish by some other mode. The number is worth a brief three line letter and stamp, and we wish to hear from every one receiving it either *pro* or *con*.

WE have received a copy of *S. S. & Wm. Woods' Catalogue of Medical Books*. It makes a neat volume of 150 pages, bound in flexible cloth. Upon post paid application to the Publishers,

261 Pearl st., N. Y., the catalogue will be sent to any one *free of postage*.

*Nelaton's Clinical Lectures on Surgery*—is received from the publishing house of J. B. Lippincott & Co.;—as also from the same house, *Gobineau's Moral and Intellectual Diversity of the Races*, translated by Hotz, and edited by Nott, of Mobile—both too late for an examination in time for notice in this number.

WE have had an unexpectedly large supply of contributions from which to make up our first number, for which our friends will please accept our hearty thanks, trusting we shall continue to receive many repetitions of like favors.

*Our Acknowledgments*—are due to friends for prompt manifestations of kindness, especially to cotemporaries and publishing houses, even anticipating our first issue. We desire particularly to return our hearty thanks to Messrs. Lindsay & Blackiston, of Philadelphia, for favors extended so freely and cordially; and to all our friends every where, who have felt an interest in our success, we respectfully extend a hand of friendship, and trust we may be able to return these favors and obligations with usury.

*How to Nurse Sick Children*—intended especially as a help to the nurses at the hospital for sick children; but containing directions which may be found of service to all who may have charge of the young.

For sale by Moore, Wiltach, Keys & Overend.

*Our Cover Design*.—The old Grecian city of Epidaurus was noted chiefly for its temple dedicated to the worship of Æsculapius. "In the temple at Epidaurus, there was a statue of colossal size, representing the god of Medicine, under the figure of an old man seated on a throne, holding in one hand a scepter, and resting the other on the head of an enormous serpent. A dog, an emblem of vigilance, reposed at his feet." Our artist has attempted to give this idea in the design, and has succeeded very well. The serpent is Disease, under the dominion of Medicine; and the whole grouping we think is very appropriate for our purpose.



MIAMI MEDICAL COLLEGE OF CINCINNATI.—We are requested to state that the Clinic of the Dispensary attached to this College, and at the St. John's Hotel for Invalids, will be continued throughout the year; and in conjunction with them, a Spring and Summer course of lectures will be delivered by the Lecturers of the *Medical Institute of Cincinnati*, in the College Building, commencing early in March, and continuing three and a half months.

This instruction will be considered as a portion of the regular course of the College, and for which no extra charge will be made, except to those who may wish to take it without the winter course, in which case, the fee will be twenty dollars.

There will be three lectures on four days in the week, in addition to the daily Clinics.

This opportunity will be valuable to students who wish to spend the Spring and Summer in the city.

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BROMIDE OF POTASSIUM IN SPERMATORRHOEA.—One of the Editors of this Journal has recently been using the *Bromide of Potassium* in *Spermatorrhoea*, with happy effects. He exhibits it in doses of four grains, in solution, three or four times in twenty-four hours. It was conjoined with the use of cold water injections into the rectum, so as to empty it. A light vegetable diet was also directed. The result, in all cases of its use, was satisfactory.

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ANTIDOTE TO STRYCHNINE.—WM. NICK PINDELL, M. D., has communicated to the Editor of the *American Medical Journal*, some experiments indicating *lard* as a sure and sufficient *antidote* to the poisonous effects of *strychnine*. In the first place, he had administered "one grain of strychnine," on meat, to a dog, wishing to cause its death. A jar of lard was accidentally placed near the meat—the dog partook of both, and did not die. The experiment was repeated several times, with dogs and cats, and with the same result; portions of the same strychnine were given when there was no access to the lard, and death promptly followed.

## PUBLISHER'S CARD.

THE Publisher of the "*Medical Observer*" congratulates himself and the friends of this Journal, upon the favorable auspices under which its first number makes its appearance. We feel assured that every arrangement has been anticipated and provided for, to secure a first-class Medical Journal. As an indication of what may be expected, we may remark, that we are promised a series of articles from Dr. S. HANBURY SMITH, on Mineral Waters, of which the first appears in this number; also a series of articles on the Chemistry of the Urine, by Prof. FOOTE. Other gentlemen of standing in the profession, are also pledged as regular contributors. Dr. E. WILLIAMS will furnish a series of translations from European journals, on Ophthalmic Surgery; Dr. KROUSE translations from German journals, and Prof. MURPHY from French journals. Reports of the Clinical Lectures of Profs. MUSSEY and JUDKINS will also appear. We have partial arrangements for regular foreign correspondence.

*Two Steel Engraved Portraits.*—We shall publish two elegant steel engraved portraits in this volume. The first, that of the late Prof. DRAKE, will appear in the next number—we had hoped to have it appear in the present number, but could not effect the arrangement in time—the other, that of the distinguished and venerable Prof. MUSSEY, will appear during the year. On account of the extra expense, we shall only issue a number of the next month, limited to what we expect will equal the demand; and those who wish to secure these engravings, will be wise to send in their names promptly, that we may know exactly how many to issue.

Inasmuch as we place the subscription price *very low*, only *two dollars* per year, *in advance*, the *cash principle must of necessity* be our rule—and to whatever extent we vary from this rule, is strictly *ex gratia*.

*To Clubs*—As additional inducement for prompt subscription and *prompt payment*, we offer to send the "*Observer*" to clubs of

five for *eight dollars*; and postage will be paid on all subscriptions paid in advance. Money mailed in presence of the postmaster, remitted at the risk of the Publisher.

The "*Observer*" will contain forty-eight pages of reading matter, in each monthly number, making a handsome volume in the year, of nearly six hundred pages. The present is a sample of the style of typography, paper, and general appearance, except that the Publisher will study to improve all these whenever they can be. The price current of GEO. M. DIXON, druggist of this city, will be attached to the next number.

We solicit short, practical, pithy articles, and reports of cases from the profession; also reports of the proceedings of local societies. To all correspondents—we request as a favor to the printer, to write *technical phrases, proper names*, and the like, *very plain*.

Once more, and finally, friends, we expect to make nothing pecuniarily from this publication. As fast as the receipts justify, we shall add to its attractive features. We enter upon it as a matter *con amore*. Will you stand by us? All we ask is one thousand *prompt, advance-paying subscribers* for the first year.

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IMPERIAL OBSTETRICS.—Antoine Dubois, the celebrated accoucheur, encountered the greatest difficulties in his youth, and rose to his high position by his own indefatigable efforts. The Emperor Napoleon employed him to officiate on the occasion of the birth of his son. Strange to say, the presentation, in Maria Louisa's case, was by the hip; and our obstetric friends will appreciate the dismay of Dubois, when he found, in this momentous instance, a presentation which, according to Merriman, occurs but once in eighteen hundred cases. Dubois requested a consultation, but the Emperor replied: "If you were not here, you would instantly be sent for. Go back, and treat the Empress as you would a baker's wife." Dubois proceeded to effect the podalic version, but when the head entered the excavation, it became completely locked. Instead of using gentle tractions, as recommended by some, the accoucheur introduced the forceps and delivered rapidly. Seven fearful minutes elapsed before the child breathed, and by a cry put an end to the anxiety of the Emperor and Dubois. The latter was made Baron, and received a fee of twenty thousand dollars.





Sam, very respectfully  
yours, J. Drake

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DIRECTORS



## MEDICAL OBSERVER





APPLICABLE TO PUBLISHERS  
OF BOOKS



THE  
CINCINNATI MEDICAL OBSERVER.

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VOL. I.]

FEBRUARY, 1856.

[No. 2.

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ORIGINAL COMMUNICATIONS.

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ART. I. *On an Amendment to the Constitution of the "American Medical Association."* By L. D. SHEETS, M. D., Liberty, Ind.

At the last meeting of the "American Medical Association," the following resolution was offered:

*"Resolved, That the constitution of this association be so amended as to require all delegates, before being allowed a seat in said association, to satisfy the proper authorities that the societies which they represent, require graduation as the "sine qua non" to membership therein; and that no person can become a permanent member, a member by invitation, or can be received as a delegate from any other body, unless he be a graduate of some respectable medical school."*

The object contemplated in this resolution has a vast and important bearing upon the elevation of the profession of medicine; but I fear many of our brethren, owing to a want of reflection and investigation, do not realize its importance; some are indifferent, while others, on account of local interests, even oppose it.

According to the "plan of organization" of the "American Medical Association," this amendment will not be acted upon until *shortly* before the close of its next session; at this stage of



its proceedings, every thing is so hastily disposed of that it would be impossible to present any arguments in its favor, and bestow upon it the consideration its importance demands. For these reasons I shall avail myself of the medical press to present a few reasons in favor of its adoption.

The grand design of this amendment is, to cause the adoption of a similar one in local societies; to purify them, and elevate the profession, by bringing into its ranks a better class of men; it is, in fact, more particularly intended to affect the profession hereafter, than at present.


I shall, in the first place, present a few reasons for its passage in the "American Medical Association," and then show its bearing upon local societies, and thus upon the individual members of the profession.

The great parent society then should be exemplary in all particulars; it should set a better example to its children; it should have at heart the well-being of the profession; it should be unexceptionable—pure.

It should not be a stumbling-block to local societies. The fact that graduation is not required of its members, has been used as an argument against requiring it in local societies. It is looked upon as the great model, and it should not deceive those who are guided by its counsels.

It should use *every* means to elevate the profession. And *graduation* is surely one of these means. When this is necessary to become a respectable member of the profession, a better class of students will come to our offices; we will send better classes to our colleges; and they, in turn, will furnish the country with better practitioners.

It should be consistent! It seems to have a care over the schools. It has advised an extension of the term of study; but why not rather induce or compel an attendance upon the courses now furnished by the schools? Where is the reason for compelling some to study longer, while others are not required to study at all, or, at least, only so long as they see fit, when all are finally placed upon an equality? I do not pretend to argue against the extension of the term of study; I am in favor of the highest degree of education, and only lament the amount of



ignorance in our ranks. I have almost invariably found it the case that, the less men are educated, the less they study after engaging in practice; they seldom take any journals; but they generally have *small* libraries, which, however, they seldom or never read; for the herd know, doctors must have books. It is, also, pertinacious in drawing a broad line of demarcation between practitioners of scientific medicine, and irregulars, which is perfectly right. But should we not, also, draw a line of distinction between educated and non-educated practitioners of the regular profession? Is it more dangerous to use inert, or less efficient remedies intelligently, than powerful and efficient ones ignorantly? There should be consistency in all things.

Wishing to occupy as little space as possible, I proceed to show the bearings of my "~~amendment~~" upon local societies. It is perhaps true, that they should take the initiative in this movement; but many of them do not perceive its importance, for reasons previously stated. However, the best societies we have, are founded on this basis, which I conceive is a strong argument in its favor. The "~~amendment~~" was offered in the "*American Medical Association*," because it would thus reach all the local societies represented there; and I shall endeavor to show, that it will redound to their interest to have similar requirements forced upon them. Compulsion may be a strong term, but this means *has* been resorted to by this association to effect its purposes.

1st. It will prevent men who are unqualified, from enrolling themselves in a profession of such great importance as ours; one which requires so much learning and wisdom, and which involves the lives and well-being of mankind. Many men are induced to leave the workshop and enter the profession, because the step between them is so short. But when they see they will not be recognized, without a much greater amount of preparation, they will soon abandon a position for which they are totally unfitted. We want our societies so organized as to give a decided check to this influx of ignoramuses. The public see that many who practice the healing art, are not qualified to conduct *any business* requiring a considerable amount of intellectual training; and we must show them that such men are not fit to *practice medicine*.

2dly. Young men of talent, who will reflect honor, and not bring

reproach upon the profession, will be more eager to enter its ranks. Many of this class now turn from it in disgust, seeing how it abounds in presumption and ignorance. It is true many young men, with fine natural endowments, but in indigent circumstances, may be compelled to tarry awhile before they can reach the height of their ambition; but by employing the proper means they will ultimately succeed. The more rigid our requirements, the more strenuous will be the efforts of such, until they shall have "passed the Rubicon." As instances of the most *brilliant success* among the poor, I need only refer to the names of some of the brightest stars in the medical constellations the world has ever witnessed. Observe the achievements of a Boyer, a Velpeau, and a Dupuytren. We are all conversant with the history of those men; and from *what* small beginnings they arose, until they reached the summit of fame, where they proudly and triumphantly swayed the sceptre over the medical world!

3dly. They will exert a greater amount of good among communities where they exist; they will draw a broad line between educated physicians and quacks. The people will be assured they are in safe hands, when they employ a member of such societies. As societies exist now, they do not know whether they are obtaining a man versed in his profession, or whether he was not, a few months previously, a shoe-maker. It is no rare occurrence, in the West, for a mechanic to be a full grown doctor in a few months! Some, ultimately, make tolerable practitioners; but at what a vast expense; look at their beginning. Every one, who has fulfilled the requirements of the best schools, will corroborate the statement, that he felt he had not devoted too much time to study, when standing by the bedside of his first patient. If this be true, how fearfully so must it be of those who commenced practice with infinitely less knowledge of disease! Many of these men never were inside of a medical college, and, of course, know nothing of anatomy or pathology. So far as I can learn, there is not a *regular* graduate in the *county* in which I now reside, except myself; and I am certain that a large majority, perhaps three-fourths, of the practitioners of the West are not graduates.

In this brief article I have only been able to hint at the

importance of this amendment; but if men will reflect upon it, arguments will not be necessary to convince them. If, however, it should fail to accomplish all I have set forth, every candid mind must acknowledge it to be a correct principle; and for this reason alone, it should be adopted.

In conclusion, I will only add, that, *at present*, in the formation of societies, non-graduates, who have qualified themselves by study and practice, must be taken in; and they will not be excluded from the "American Medical Association," though they cannot become *permanent members*. With honorary degrees we have to fellowship; but I trust this despicable traffic in diplomas will soon be abandoned.

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ART. II.—*Osteoplasty, combined with Syme's Exarticulation of the Foot*, by PIROGOFF, Professor of Surgery at the Medico-Chirurgical Academy at St. Petersburg. Translated from his book on Clinical Surgery, for the "*Cincinnati Medical Observer*," by W. KRAUSE, M. D.

ON a travel to Germany and France in 1847, I saw for the first time, in the clinic of Prof. Chelius, two patients on whom Syme's method of exarticulation had been successfully performed. The cicatrix looked so well in both instances, as likely not to impede walking. I proposed occasionally to try the same operation in our hospitals, after my return to Russia. In the years of 1848 and 49, at the time when an epidemic of cholera prevailed there, it was performed four times, partly by myself, partly under my direction, in the Obuchow and Maria Magdalene Hospitals. All these cases, however, terminated fatally after a longer or shorter space of time.

*First case.*—A young man, 18 years old, of blooming appearance, with red cheeks and tender, fair skin, the submaxillary glands somewhat enlarged, was operated upon for an ulcerated tumor albus of the tarso-crural joint, complicated with a disease of the posterior range of the tarsal bones.

After the operation, the parts appeared neither greatly inflamed, nor were they undermined by pus. The flap fairly united; there

remained, however, fistulous passages, which baffled for a long time all efforts of the surgeon, and obliged the patient to stay in the hospital above seven months. Then the submaxillary glands commenced swelling, the patient became emaciated, a cough appeared, with all the symptoms of tubercular infiltration and the patient died in consequence of a rupture of a cavern, effusing its contents into the pleural cavity.

*Second case.*—A middle-aged man, with a congenital pes varus of the highest degree, was received into the hospital. He walked on the external margin of his foot; the sole being turned inward, gradually ulcerating corns had been produced. The ulcers presented a bad appearance; the bone was denuded and the patient asked for amputation. I operated according to Syme's method, leaving, perhaps, an insufficient thickness to the flap at its base. It sloughed after some days, an erysipelas supervened, and supuration extending along the tendons—afterward purulent infection of the blood, with colliquatic diarrhoea. The patient died five weeks after the operation. Bright's disease was found, by post-mortem examination, in both kidneys.

*Third case.*—A man, aged 40, of robust frame, entered the hospital with a slighted distortion of the ankle joint. An ulcerating tumor albus developed itself. In consequence of his long stay in the hospital, the gum commenced swelling, and the edges of the fistulous ulcers turned blue. An operation was to be resorted to without delay. The foot was exarticulated under my direction, by one of my assisting surgeons, with much dexterity. The posterior flap had been formed fair; also, after the operation, all went on as desired. The flap seemed to unite directly—afterward, however, pus collected under it, and contra-apertures were to be made. Meanwhile, the scorbutic symptoms aggravated. The patient died three months after the operation.

With the fourth patient, on whom the operation had been performed for caries, the pus widely burrowed along the tendons. He died some weeks after the operation, and post-mortem examination exhibited Bright's disease of the kidneys.

With some right, a fifth case may be mentioned here. The exarticulation of the foot was entrusted to a young surgeon. He

did not succeed in dissecting the posterior flap; he divided the skin on Achilles' tendon, and was obliged to amputate the leg above the ankle.

This is all I know of the fate of this operation in Russia, up to the year 1852. In this year, while demonstrating operative surgery, I was struck with the idea of modifying Syme's method. My trials of the methods of Syme, Baudens and Roux, had convinced me—

1. That it is the most difficult part of Syme's operation, to dissect the skin from the calcar bone, the former firmly adhering to the latter. The formation of too thin a flap, or injuries of the flap, can not be avoided but with the utmost care.

2. The skin which covers Achilles' tendon, and forms the base of the flap, is much thinner than the skin at the extremity of the flap. It appears transparent when held toward the light. The base of the flap being too thin, the whole flap is disposed to slough.

3. The calcar process being removed, an excavation is left in the flap, in which the pus collects and stagnates.

4. According to Bauden's method, the flap is formed from the back part of the tarsus. It is evident that this does not furnish as good a bolster as the thick skin, borrowed by Syme from the sole.

As to the method of Roux, the formation of the flap (external-posterior) is easier; its base is wider, and gangrene is not likely to follow, since the posterior tibial artery is divided, after it has spread into branches, so as to leave the plantar ramifications in the flap. But also the base of Roux's flap is thinner than its extremity, the cavity in the flap is not less deep than in Syme's flap, and the tendon Achilles is divided, as in the other methods, at its insertion in the calcar process.

To avoid all these disadvantages, I perform the exarticulation on the tarsal joint in the following manner:

I commence the incision close before the external ankle, continue it vertically down to the sole, then transversely through it, and finish the incision by carrying the knife up some lines in front of the external ankle. All soft parts are divided with one stroke. By the second semicircular incision, whose convexity

looks toward the toes, the two extremities of the first incision are united, cutting again at once down to the bone. The joint being opened by dividing the lateral ligaments, the head of the astragalus is exarticulated, and a small, narrow saw applied behind it, vertically, to the os calcaneum, just on the point of the sustentaculum tali. In sawing through the calcar bone, the saw must be passed in the first incision. Finally, the anterior short flap is dissected a little from the ankle, and these sawed off. The instruments used in this operation, are a two-edged knife of middle size, a bow-saw, or Jeffrey's chain saw. The difference between my method and Syme's is, that the posterior flap forms no cap, but is filled up by the posterior tuberosity of the calcar bone, and the end of Achilles' tendon. The flaps are turned forward, and the surface of the bones brought into contact with each other. If the articular surface of the tibia be diseased, it is to be removed simultaneously with the ankles. The operation can be performed without any difficulty with moderate anatomical knowledge. Especially the following points are to be kept in memory :

1. The articulation is found in front, by fixing both ankles, and alternately bending and extending the tarsus.
2. The capsule of the joint being very wide in front, it is readily opened by carrying the knife upon it in a circular way, and forcibly extending the foot at the same time.
3. The head of the astragalus does not appear immediately afterward. It does not leave its cavity, which has the form of a cube with unequal sides, until the lateral ligaments of the joints are divided with the point of the knife.
4. The external ankle being nearly twice as large as the internal, and the three ligaments radiating from it being much stronger than the internal deltoid ligament, some difficulty is met in dividing the former. It can, however, easily be overcome by carrying the knife around the ankle, behind, below and in front of it.
5. As soon as the lateral ligaments are divided, and the foot is moderately extended, the head of the astragalus projects from its articular cavity, and it remains only cautiously to divide the posterial wall of the capsule of the joint, in order to lay bare the

sustentaculum tali. I say "cautiously," for the anterior face of Achilles' tendon might be injured, being covered only with some adipose tissue and a thin fibrous sheath.

6. The vertical incision of the skin at the internal side of the foot, is to be directed, sometimes, farther off from the ankle than the incision on the external side, to guard against dividing the posterior tibial artery, before it has spread into its plantar branches (Roux's method). There need, however, be no fear whatever of a mortification of the posterior flap, if formed according to my method; for its adipose tissue, and its junction with the periostium of the calcar bone being left uninjured, it is sufficiently nourished by the rete vasculosum calcanei.

7. The tendons cut by me, are, save Achilles' tendon, the same as those divided according to other methods. I give, however, preference to mine for the following reasons:

I. Achilles' tendon not being divided, all disadvantages attending its division are avoided.

II. For the same reason, the base of the posterior flap is not thinner than its extremity.

III. The posterior flap is not cap-like, as Syme's flap. It does not favor, therefore, the stagnation of pus.

IV. The leg appears, after my operation, one inch and a half longer than after any other method—for the calcar process filling the flap, elongates so much the crural bones, after it has united with them.

v. The same process is excellently fit to support the body.

My method is susceptible of various modifications:

The calcar bone may be sawed off from below, after the skin has been incised, and subsequently the talus may be exarticulated.

Farther, a portion of the tibia may be sawed off with the malleoli.

Finally, the cutaneous incision may be directed obliquely forward, so as to leave a greater portion of the calcar bone in the posterior flap.

The edges of the wound are brought into contact with each other, by adhesive plaster, or by two to three threads, or by an immovable pasted bandage.

I think only this objection can be advanced against my method



that the process of the calcar bone, left in the flap, might mortify, and, forming a sequestrum, produce the evil consequences of a foreign body. I own this very apprehension deterred me for a long time from testing my idea on a live body, although experiments on subjects had convinced me of its superiority. I was in doubt moreover, if the calcar process would unite with the articular surface of the tibia. Recollecting, however, that the periostium of the calcar tuberosity is intimately connected with the skin of the heel, as well as with the sheath of Achilles' tendon, and thus fully supplied by vessels from the rete calcanei, I hesitated no longer to perform the operation on a living subject. My proposal was strengthened by the observation, that wounds of the head, produced by the stroke of a sword, severing a flap of the skin with remarkable segments of the skull, usually unite by first or second intention.

I tried my method up to the April of 1853, in three instances, twice on boys, twelve and thirteen years old, and once on a lad of 19 years. Every one recovered from the operation. Two of them are able to walk without cane or crutch—nor do they limp. (Consult the report of their disease, given by the author.)

These three instances irrevocably prove:—

1. The calcar process, left in the posterior flap, can firmly coalesce with the inferior extremities of the crural bone. It elongates them by one inch and a third, and furnishes to the patient a useful limb, nearly as long as the healthy leg.

2. Achilles' tendon is not distended the least. For the malleoli being removed, the calcar process can easily be adapted to the inferior extremity of the bones of the leg.

3. The healing of the wound does not present any peculiar inconvenience, that has not been observed, also, after other methods of exarticulation. Although the wound healed in no instance by first intention, yet this circumstance can not be put forth as an objection against my method. First union is scarcely ever observed in our country, not even after amputation.

Some might be disposed to reject my method, on the ground that the pus is disposed to burrow along the tendons of the leg, so as to leave behind obstinate fistulæ. This, however, may occur

whenever the sheaths of tendons are divided; and I had opportunity twice to witness this evil consequence in four cases of Symes' exarticulation.

In my third case, the scorbutic dyskrasy of the patient undoubtedly favored the spreading of suppuration. I am convinced, however, that it can be prevented by a methodical pressure upon the tendons, rendering these less movable. I have proposed, therefore, to apply graduated compresses the next time I practice my method, on either side of the leg, and to fasten them immovably by means of a pasted bandage. I regard it further as an appropriate suggestion, not to divide, if possible, the tendons at the same point as their synovial sheathes. It will be better to make the tendons project a little. If cut too short, they retreat into their fibrous canals, or, what is still worse, they glide out of these when the limb performs a movement. The latter event I am the most afraid of, especially when the contracting muscle displaces a tendon, divided and nearly mortified by suppuration. I am sure, the immobility of the tendon during and after operation, favors very much a happy result.

Our three cases farther evince, that the calcar process unites with the crural bones in spite of the collection of pus and its spreading along the tendons, as observed in my third case; in spite of the mellowness and fatty degeneration of the calcar bone, which could be cut with the knife in our second case; and in spite of fungous excrescences arising from the bone on the eighth day after the operation. The third, case, finally, served to prove that my method may be followed with advantage, on children and young folks at least, in cases even where the tibio-tarsal joint is diseased, provided the disease of the surrounding soft tissues do not extend too far. In my second case, pus was found in the capsule of the joint, the cartilages softened and spongy, likewise the extremities of the bones—and yet the operation was successful.

[In the three cases, detailed in the report of the author, the operation was twice performed for caries of the tarsal bones, and once for a disease of the tibio-tarsal joint.]

ART. III.—*Case of Poisoning by Opium, treated with Belladonna.*  
Reported by WM. H. MUSSEY, M. D.

At midnight, October 29th, I visited a female, twenty-four years of age, who was said to have taken laudanum for the purpose of self-destruction. I found her comatose, with stertorous breathing, pulse feeble, 50 per minute. Surface cold, and pupils contracted to a mere speck. At 7 P. M., the patient had swallowed one ounce of the tincture of opium, in the presence of another person. A physician was summoned, who essayed to use the stomach pump, but so effectual was the resistance as to create the belief that no laudanum had been taken, and the doctor departed. Later, a disciple of Hahneman administered of his *arca arcanorum*, so as not to offend the delicate stomach, but on a second visit, (three hours after the poison was taken) his faith in pellets languished, and becoming heroic, he ordered a strong decoction of coffee, in such quantities as to produce vomiting. The patient was kept "quiet" with cold water to the head, and her friends assured there was no danger. Two hours later, I was called, and finding the patient in the state where effort at resuscitation is usually considered useless, I determined to try the effect of Belladonna, as suggested by Dr. Thos. Anderson,<sup>c</sup> and ordering extract of Belladonna, 8 grains, in 2 ounces water, I commenced giving by the teaspoonful; as the fluid accumulated in the mouth, it was necessary to raise the head to cause its passage to the stomach. Each successive act of deglutition was attended with increased difficulty till I feared to administer any more, lest the patient should strangle. *Seven grains* of the "*Extract*" were thus administered. Watching closely for a half hour, I observed the rigidity of the contraction of the pupil to relax slightly, but no other sign of improvement. At 1 o'clock, by means of a tube passed into the stomach, I injected *one ounce* of the *tincture* of Belladonna. At 2 o'clock the pupil had dilated to three times its former diameter, the pulse, respiration, and temperature of the skin had improved. At 3 o'clock, the skin was warm, pulse 100 per minute, respiration easy, and the general

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<sup>c</sup>Braithwaites' Retrospect, 1855—Part 30th, p. 301.

appearance as of a quiet sleep, but as yet there was no sign of consciousness. Considering the symptoms entirely favorable to recovery, I left the patient. At 8 o'clock I called again. The patient had awakened at 6 o'clock, complained of not being able to see distinctly for a few hours, and could not stand upon her feet till evening. There was no preternatural dilation of the pupil, dryness of the fauces, heat or redness of the skin, resulting from the Belladonna (7 grains of the extract, and 1 ounce of the tincture), taken into the stomach.

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ART. IV.—*Fistula in Perineo*. By S. D. THOMAS, M. D., Pittsburgh, Pa.

I SHALL not attempt to describe the various forms of this fistula, but simply give the details of a case I treated last summer.

Mr. E. I. had three fistulous openings, all within the triangular space of the perinæum, of nearly ten years standing, seldom passing any urine through the urethra, and, at such times, only in drops.

The history of the case was about as follows: Ten years ago, as he was working at his trade (coal-digging), a large stone fell on his hip, as he lay upon his side, which was followed by retention of urine. The spine was not injured. He was then treated by an English surgeon till his difficulty had nearly passed away, but, in a few months, retention returned, as he said, gradually, but not amounting to complete retention, the stream growing gradually smaller. Sometime after, a small abscess formed in the perinæum, and when it opened, which occurred spontaneously, the discharge had a urinous smell. From this time forward most of his urine passed by this opening. In the latter part of last April (1854), he put himself under the care of a so-called eminent surgeon of Pittsburgh, assisted by an eclectic, who treated him until the 31st of May, when he became my patient. I found him very much emaciated, as patients are in the last stage of phthisis. His countenance was icterode, pulse 140 and compressible, tongue red, dry and pointed, and he was, withal, unconscious—being comatose. Upon looking for the local cause, I found a diffused erysipelatous

inflammation of the fauces; the primary cause of the present constitutional derangement I judged to be a urinary infiltration, occupying the triangular space bounded by the superior spinous processes of the two ilia and the anus; the whole of the scrotum being gangrenous and enormously enlarged; the penis, also, as I considered it, on the point of mortification. In addition to the three fistulous openings before mentioned, I found a large incision, extending from the scrotum, an inch and a half along the raphæ, toward the anus. Over this and the fistulous openings was a large compress, supported firmly by a double T bandage, doubtless the cause of the infiltration.

Seeing the patient in this critical condition, I insisted upon having consultation, and Dr. G. D. Bruce was called in. With his approbation, I proceeded as follows: I made two scarifications, commencing at the upper border of the infiltration, bringing them down over the pubes, over the scrotum, and finally down on the perinæum to the margin of the infiltration; the penis was also scarified, in three places, its whole length. Then ordered the parts to be well covered with cloths wet in a warm mixture of nitromuriatic acid and water, nearly as acid to the taste as common vinegar; the fauces to be swabed three times a day with the following solution:

R. Argent. nit. ʒij.

Aqua dist. 3j.

M. Ft. sol.

In view of the low condition of the patient, the following constitutional treatment was ordered:

R. Amm. carb. 3j.

Muc. G. Acacia, ʒij.

M. Ft. mist.

S. A tablespoonful every second hour.

R. Sol. morph. sulph. 3j.

S. A teaspoonful every fourth hour.

R. Quinia sulph. gr. xij.

In pil. vj.

S. A pill every fourth hour.

For drink, ordered iced beef tea. It is unnecessary to state that the bandage and compress were at once laid aside, the urine being allowed to pass through the incision and fistulous openings.

June 1st, 8 A. M.—Pulse 130, with more volume; could not discover any other difference; continue treatment.

8 P. M.—Pulse 105; no other alteration; treatment the same.

2d, A. M.—Pulse 128, with more volume; tongue moistening; a line of demarkation distinguished around the base of the scrotum; infiltrated tissues much less tumified, and was much more rational; continue treatment.

7 P. M.—Much the same as in the morning; continue treatment.

3d, 8 A. M.—Complains of some pain in bowels; slough about the base of the scrotum becoming detached; other symptoms as last evening. Ordered the morphine to be stopped.

R. Sol. magnes. cit. oj.

S. A third part every second hour, till purged.

At 7 P. M., was purged by the first dose of magnesia; no uneasiness in the bowels; pulse 114; continue treatment.

4th, 8 A. M.—Very much better. For the first time, undertook to explore the urethra; passed a small catheter down to the membranous portion, and here met a stricture. After bearing with some considerable force for some minutes, the catheter passed this point, but came to another before passing the extent of half an inch; on this again, I pressed for some time, but without success. I then felt, with a probe, through the openings and incision, for the catheter, but could not find it.

7 P. M.—Some little tenderness of the urethra; did not use the catheter this time.

5th, 8 A. M.—Succeeded in passing another stricture, but in about the same distance as the second, met a third, and did not pass it. Examined the fauces, and found a fluctuating tumor in

their left side, which I punctured, and a copious discharge of dark grey matter, with urinous smell, escaped. Discontinued the wash.

6th.—Attempted to introduce the catheter while looking at, and engaging the patient's mind in conversation. Allowing the catheter, as it were, to coax its way along, holding it loose like a pen, when it met an obstruction. Upon looking at its rings, I saw that its point must lay high up in the right groin. I should have mentioned before, that the surgeon spoken of administered chloroform, and operated while the patient was under its influence, and that he succeeded in passing a sound into the bladder, but subsequently failed to introduce a catheter of less size. I should also have mentioned that the patient complained of tenderness in the region now occupied by the point of the catheter, from the commencement, for which I could not satisfactorily account; now, however, the cause was evident—a false passage existed. I withdrew the catheter; its contents were much the same as the matter from the fauces. I washed and re-introduced it, and injected through it a small quantity of tepid water. From this to the 20th, I made no further attempt to treat the stricture.

10th.—The sloughs had all disappeared from the scrotum, or rather, I should say, from the testicles, which, with their immediate coverings, laid bare on a cloth between the thighs. The wash had been weakened as sensibility returned to the parts, from day to day. Now it was laid aside altogether, and the parts dressed with dry lint, supported by adhesive straps crossing from the inside of the thigh, on one side, to the groin on the other side, drawing the skin over the exposed surfaces as much as possible; dressed twice a day till the twenty-fourth day.

14th.—Fancied that the carb. amm. had a bad effect on the fauces, as inflammation still continued; abandoned it, and ordered a tablespoonful, three times a day, of cod liver oil, given in a teacupful of ale.

16th.—Infiltration of the urine in the perinæum; scarified freely over its extent, and applied the acid mixture, as at first.

20th.—Used the catheter, and found much difficulty in passing the two first strictures, and failed to pass it any farther.

21st.—Succeeded in passing a third stricture, and got a probe

to meet the catheter from the fistulous openings and incision. I tried, but unsuccessfully, to pass the instrument into the bladder, but, by the patient's making an effort to micturate, the urine passed freely through the catheter. I then withdrew the catheter, and put in its place a gum-elastic bougie, and let it remain two hours every day. Now I felt satisfied that the case would terminate well; as the strictures must of necessity be anterior to the openings, which were oblong.

24th.—Dressed the ulcers but once; introduced a larger sized catheter, and followed, as before, with a gum-elastic bougie of larger size.

30th.—One of the fistulous openings is closed, and full half of the urine passes through the urethra; fauces nearly well; countenance looks fresh and healthy; laid the quinine aside.

July 10th.—Another of the fistulous openings is closed. A bougie of more than the ordinary size is now used with ease.

20th.—The incision is healed, and the fauces look healthy; a new scrotum is nearly formed.

30th.—The last fistulous opening closed, and the scrotum is healed, with a crescent-shaped cicatrix on its anterior surface, with its concavity looking upward toward the pubes. Patient was taught to use a common sized metallic bougie, and ordered to introduce it three times a week for three months, then twice a week ever after. And discharged well.

About the 20th of January, 1855, I saw him. He looked strong and perfectly healthy; the testes performing their functions as well as before the first injury—the erections being perfect, which had not been the case for the preceding ten years; and he could do as good a day's work as ever.

This case teaches—

1st. The importance of removing all traces of stricture, where we have it in its first stages, and to follow the treatment with occasional introductions of the bougie, for some considerable time after.

2d. When we are called to treat cases of this kind, to be very cautious how we operate when the patient is under the influence of an anæsthetic.



3d. It shows the propriety of a strong stimulating treatment in this class of cases.

4th. The reparative powers of nature in forming virtually a new scrotum, of course smooth, like the thighs, not having the rugae of the scrotum proper.



ART. V.—*On Mineral Waters.* By S. HANBURY SMITH, M. D., of Hamilton, Ohio, (continued from No. 1).

THE human body is as much influenced by changes of temperature as other organisms; and it is therefore not surprising that the effects of water, taken as a medicine, are so much modified as we find them to be, by the temperature at which the fluid is swallowed. Heat and cold, within certain bounds, appear to produce similar phenomena, in reverse order. Thus, the first effect of heat is an acceleration of the vital processes, soon followed, however, by a proportionate languor of function; it exaggerates irritability, while it lowers tone. Cold, on the contrary, first depresses, then excites organic irritability, and functional vigor. Each renewed application of either, tends to make its effects more permanent, although sensibility to the impression commonly diminishes in proportion to frequency of application.

The immediate consequences of the ingestion of cold water, are, a sense of coldness in the stomach, a diminution of that organ's irritability and functional activity; and if the fluid is very cold, or the dose is too large, or too frequently repeated, the sense of coldness becomes general—even to the production of rigor—the pulse and respiration become slower, and functional activity, throughout the whole system, is diminished. Reaction, however, soon follows, marked by a sense of warmth in the stomach, an increase in the fullness, force, and frequency of both pulse and respiration, general excitement of functional activity, most evident in the increased secretions of stomach, bowels, skin, and kidneys, together with a feeling of exhilaration and enjoyment. It is then evident that cold water—by which is commonly understood, water at the ordinary temperature of wells and springs, *i. e.*

from 48° to 60° F., besides being the most wholesome drink, is a medicine, or therapeutic agent, capable of relieving many disorders. For, how do our deobstruents, purgatives, diaphoretics, and diuretics, most of them, act, except by awakening dormant, or intensifying normal function. Thus, it must be allowed that the cold mineral waters owe a large portion of their efficacy as remedial agents to water at a low temperature; for this is capable of directly calming irritation in the whole apparatus of digestion, as well as, in a minor degree, in other portions of the system, at the same time that it increases functional activity. Water, at any degree of heat included in the range understood by the term *tepid*, is so comparatively indifferent, that we may well pass over all mention of it. But when swallowed at a temperature exceeding that of the blood, besides occasioning an agreeable sense of internal warmth, it causes an immediate increase in the flow of blood to the stomach and bowels, with augmented functional activity. The excitement spreads rapidly from the center to the periphery; the pulse and respiration become fuller and faster; the secretions of the stomach, bowels, kidneys, skin, and lungs, are increased; and the whole process of molecular change is facilitated and hastened. These effects are mainly proportionate to the degree in which the heat of the water exceeds that of the blood; and thus frequent and hard pulse, palpitation of the heart, congestion of blood in the cerebral, pulmonary, or abdominal organs, may be induced by a temperature too elevated, or a quantity too great. Indeed, persons occasionally fall victims to their imprudence in drinking thermal mineral waters, without or against the advice of an experienced physician; though many, even of the cold, are dangerously active medicines when rashly or ignorantly employed.

The *temperature* at which a mineral water is exhibited is to be considered as a very important matter; for not only are the medicinal effects of any given spa intimately related thereto, but they may be much modified by variety in this respect. As a striking, though very familiar illustration, I will mention the fact, that the peasants of Püllna (having no other choice), drink a water holding in solution very considerable proportions of the sulphates of soda and of potassa, the sulphate and muriate of magnesia,

and, to persons unaccustomed to its use, a remarkably active purgative, yet experience no such action, provided they take it at the ordinary spring temperature; if, however, they warm it, the medicinal effect is immediately developed.

In my next paper I shall treat of *the matters dissolved in medicinal mineral waters.*

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#### MEDICAL SOCIETIES.

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ART. VI.—*From the proceedings of the German Medico-Chirurgical Society, at the University College of New York. Reported by LOUIS BAUER, M. D., of Brooklyn, N. Y.*

DR. LOUIS BAUER communicated to the Society two cases of hydrarthron genu, which he had successfully treated by puncturing the affected knee-joints and withdrawing their contents. The frequent failures of this operation, more especially the frequent violent reaction following, was, in his opinion, exclusively attributable to the entrance of air into the articular cavity, which, however, could be avoided if proper care was taken. The mode in which he proceeded, was as follows: He places the affected limbs in a straight position, which is done with a view to diminish the lumen of the articular cavity, and to drive the fluid into the anterior and superior pockets of the capsule. Then he bandages firmly the lower portion of the leg in order to prevent swelling consequent on the succeeding pressure upon the joint. Graduated compresses are then fastened along the ligamentum patellæ and the knee-cap itself, and a cotton ball in the popliteal space by means of adhesive leather-straps, which he conducts round the knee-joints, leaving but the superior blind sack of the capsule free, where the fluid now causes marked tension and fluctuation. The knee-joint thus prepared, he opens subsequently by a small troi-kart at the upper extremity of the capsule being left free and better outside, in a valvular way, and while the fluid is streaming out he presses it gently toward the canula by his finger. For the moment that the stream grows slower, and when there is apparently

but a half dram of liquid left, he closes the wound quickly, and finishes the compressive bandage by leather straps. Thereafter the leg is placed in a leather splint, previously softened in hot water, and rest commended. No reaction followed in either case, and the patients were discharged from his Orthopædic Institution after twelve days treatment. They were young adults, and had been afflicted with that disease respectively two and three years, having received no relief from various treatments adopted previously.

The fluid had in both cases a redish color, was of slimy consistence, and did not exceed one and a half ounces. On microscopical and chemical examination, it was ascertained that the liquid consisted merely of water, albumen and blood globules.

Dr. Carl The. Meyer related an operation of hare-lip in a babe, complicated with fissures of the hard and soft palate, that offered some interesting points for practical surgeons. The hare-lip was lateral. On uniting the wound the patient became suddenly asphyxiated, owing to the absence of the nostrils. Dr. Meyer had therefore to sever the lip from its attachment with the nose, by a transversal cut, which had the desired effect, and at the same time the advantage of yielding more substance for filling up the defect. Since the operation, the cleft in the palate had grown by half smaller and the babe had improved in appearance. Dr. Meyer suggested the question whether it be advisable to operate in tender or more advanced age. He could not deny that in cases of considerable defect, the operation might endanger the life on account of loss of blood, and the suspension of taking nourishment in sufficient quantity; on the other hand, many children would die on tubes also, if not operated on so that the oral cavity could be hermetically closed for the office of taking breath or food. The case under consideration had been such as to justify the most serious apprehension if not relieved. The babe had evidently been on the road to destruction, and its life had been saved by the operation only. He (Dr. Meyer), was therefore inclined to prefer early operation.

Dr. Tellkamp thought that either operation had its distinct judication. In general, he should defer the operation as long as

he possibly could, within the first year of life. But as soon as he conceived material loss of weight, attributable to no other cause than the defect, he should operate without delay, for the sake of saving life.

Dr. Schweich informed the Society, that within the last two years, he had instituted numerous experiments as to the comparative efficacy and superiority of local applications upon ulcerations and vegetations of the os uteri, from which he had come to the conclusion that concentrated muriatic acid was the best of all to bring on healthy granulation and to cure fluor albus based on such local derangements. Two or three applications he found in general sufficient. The porte caustic which he made use of, was an appropriate glass staff with small knob covered with soft velvet; this he dipped into the acid and touched the ulceration and vegetation. His success in these ailments induced him to commend it to the notice of members of the Society.

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ART. VII.—*Proceedings of the Montgomery county Medical Society.*

DAYTON, January 3d, 1856.

THE society met at the Phillips House, Dr. COONS in the chair. After reading the minutes of previous meetings, Dr. O. E. Barkalow, of Miamisburgh, was unanimously elected a member of the society.

This being the regular annual meeting the society entered upon the election of officers; and the following gentlemen were chosen to act for the present year.

*President*—I. A. COONS, M. D.

*Vice President*—H. G. CAREY, M. D.

*Secretary*—J. C. REEVE, M. D.

*Treasurer*—JOSHUA CLEMENTS, M. D.

*Censors*—E. TAYLOR, M. D., of Carrollton,

J. C. DENISE, M. D., of Dayton,

M. GARST, M. D., “

Dr. Taylor called the attention of gentlemen to a proposition he had made some time ago, that all the members keep a journal of medical events occurring in their practice, that from time to

time they could compare notes in regard to epidemics, and other subjects of professional interest. He was in the habit of keeping such a journal, and from consulting its pages found much pleasure and profit. He thought the past year had been a remarkable one in two respects: in regard to the character of what disease had appeared, but more especially from the entire absence of disease of any kind, for certain parts of the year. Typhoid fever had prevailed to some extent under his observation, in April and May; there was then a period of perfect health until July, when remittents and intermittents made their appearance, and lasted until two or three hard frosts had occurred, since which time there had been another period in which there was no sickness of any kind; he had never known it more healthy. He spoke at some length on the disappearance of malarious disease on the occurrence of frost; it was similar to what always took place at the South, with yellow fever: this year, the cessation of these diseases upon this occurrence was extremely well marked; the first hard frost occurred on the 7th of October, and after that he saw scarcely a new case of the disease; the few cases which occurred were in those who had already had it during the season. For fifteen years past he had noted the time when frost first appeared, and found that, in this region, we were sure to have a frost sufficient to kill vegetation, from the 10th to the 28th of September. Malarious diseases with him, this year, had presented many anomalous symptoms—they had been very irregular in their course; sometimes the fever would continue forty-eight hours, before the remission commenced; sometimes a chill would last ten or twelve hours, and the fever which followed be but mild.

Dr. Brennan had seen a great many cases of malarious fever during the past season; thought he had treated about two thousand cases. He had observed a great tendency this year for the disease to affect particular organs. Sometimes the brunt of the disease fell upon the lungs, sometimes on the stomach or bowels, on the brain, or even on the uterus, producing inflammation in some cases, but mostly great irritation; and when the stomach or bowels were the organs affected, interfering with the administration of the usual remedies for the cure of the disease.

Dr. Reeve read a case of injury to the brain. The patient was

a girl, aged nine years; she had fallen from a bench at school, and on getting up, said she was dizzy, and left for home; she walked home alone, but when she reached there vomited, and was incoherent. When first seen by the doctor, there was loss of consciousness and voluntary motion, face pale, with superficial veins of the head turgid, and lips purple, pulse rapid and strong, respiration sometimes sighing, pupils unaffected. There was no mark of injury about the head; and she had been in the enjoyment of perfect health. To these symptoms were rapidly added twitchings of the face, which increased to violent convulsive movements of the whole right side of the body, dilated pupils unaffected by light, and loud rales in the trachea, with respiration slow and interrupted. From the gradual appearance of the symptoms, and from the supervention of one bad symptom on another, an unfavorable prognosis was given; yet, after this condition had lasted an hour or so, the patient vomited, and in a few minutes afterward was quite well, needing nothing more than caution would suggest. The treatment was by bleeding, the administration of turpentine enemata, and during the convulsions the inhalation of sulph. ether, it being found impossible for her to swallow. Some quotations were made from authors on the subject of hemiplegic convulsions attending injuries of the brain; one from Brodie, in which he states, that in every case where they have occurred, and where opportunity has been afforded of examination after death, there has been laceration of the cerebral substance, in addition to the extravasated blood, or depressed bone.

Dr. McDermont had assisted Dr. R. in the treatment of the case; thought it was an unusual one; had seen many of the best surgeons make mistakes as to the diagnosis of compression and concussion, when no signs of external injury were present; thought that the symptoms laid down in books could not be relied upon; that no series of symptoms invariably indicated either concussion or compression. In this case he thought the symptoms indicated rupture of a blood-vessel, which the sudden and perfect recovery proved not to have been the case.

Dr. Brennan called attention to a case in Braithwaite, in which a shock produced a partial stasis of the circulation in the brain, with symptoms of compression; the patient recovered.

Dr. Taylor agreed with Dr. McDermont, as to the difficulty of diagnosing between compression and concussion, when no external injury was present. He related two cases in which he found the diagnosis impossible. In one, perfect recovery ensued after catharsis; the other recovered from the symptoms immediately following the injury, but died in two weeks after, from inflammation of brain.

Dr. Coons related a case, in which a child fell on the back of the head, and walked home afterward, but was then taken with vomiting, and coma soon followed. Recovery.

Dr. Taylor then made some further remarks upon the subject of typhus, typhoid, and intermittent fevers, which were of interest to the society, as the result of his experience, during an extensive observation of these diseases.

On motion, the society adjourned.

J. C. REEVE, *Sec'y.*

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## CLINICAL LECTURES.

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ART. VIII.—*Reports from the Clinical Lectures and Operations of Professor R. D. MUSSEY, one of the Attending Surgeons at St. John's Hotel for Invalids.*

CASE I., Dec. 19, 1855. This man hit his neighbor a blow, with his fist, on the head; the force of the stroke fractured both bones of the arm just above the wrist; but since the union of the fracture, there is defect of pronation and supination of the forearm, and for this defect he seeks advice. An examination of the case shows that the original treatment of the fracture was of such a character as to permit the close approximation of the fractured extremities of the radius and ulna, throwing out the extremity of the ulna, at the wrist, so as to produce partial dislocation of that articulation; these defects account for the want of pronation and supination exhibited in this man's case, and they are of such a character as not to admit of any remedy.



CASE II. A tumor is attached to the palate of this patient; it is oblong in shape, about the size of a hen's egg, consequently occupies almost the entire roof of the mouth. The growth of this tumor, gentlemen, has been very slow, it being now about twelve years since it first made its appearance; I suppose it to be of the fibro-plastic variety of tumor, and is doubtless not malignant. We propose to remove it. [Professor Mussey proceeded to remove the tumor by simple incision, detaching it with the handle of the scalpel; there was no especial difficulty, except that the flow of blood into the fauces was a constant source of interruption to the operation; the bleeding, however, was arrested as soon as the tumor was removed, by simple applications of cold water.] *Remarks.*—This tumor had a slight bony attachment, and in such cases, we sometimes have trouble from hemorrhage; we were, therefore, provided with the actual cantery, to have used if necessary; no such necessity, however, occurred; but even with the slight hemorrhage unavoidable, there are constant collections of blood in the fauces. This patient desired to take chloroform; we dissuaded him, simply on account of this last mentioned trouble, lest, under the influence of the anæsthetic, strangling and suffocation should occur; besides, the operation is not particularly painful, and therefore the use of chloroform is not especially necessary.

CASE I, Dec. 22d. *Osteo sarcoma of lower jaw—tying of the carotid—removal of half the jaw.*—Gentlemen, this lad was brought before the class last Wednesday. You observe that the left side of the inferior jaw is involved in a tumor, which appears about the size of a man's fist; this tumor has grown rapidly, having only been of about six month's standing; it is probably of the osteo sarcomatous variety, and inasmuch as up to this time his general health appears to be unimpaired, and the disease seems confined to the jaw, we propose to give the boy the best chance for life, by an operation, which we shall perform before you, this morning. We propose to tie the common carotid, as a preliminary to the removal of the tumor, in order to cut off the supply of blood to that region, and thus prevent excessive hemorrhage. [The patient, a lad of twelve years of age, was now put

under the full influence of chloroform. Prof. Mussey then cut down and tied the carotid, after which he removed the diseased part, in the common manner. The bone was sawn through, at the site of the cuspid tooth, which was previously extracted, and after being dissected away from its muscular attachments, was removed by disarticulation.] You observed, gentlemen, that the hemorrhage was not great, and that it was only necessary, in dressing the wound, to tie one or two inconsiderable arterial branches. The disease extended from the body of the jaw through the ramus, the neck of the condyle, and the whole of the coronoid process, which was greatly enlarged. All forms of mechanical appliance for the remedy of such defects, are so complete at this day, that there will be no difficulty in giving this lad a very tolerable jaw, to relieve the deformity. I have performed this operation both with and without ligating the carotid, and in one case without dividing the facial nerve, or the duct of Steno, leaving the symmetry of the mouth perfect, after recovery; but in this case the mass of disease was so great, and extended so high up the bone, that I did not deem it advisable to make that attempt. You are aware that the removal of a malignant tumor is often followed by a return of the disease at some point, sooner or later causing death; and you will need to exercise your most careful judgment, as to the propriety of operations of this kind. I shall have occasion to speak somewhat fully upon this subject during the regular course; at this time I only remark, that in the case of the patient now on the table, without an operation, death would have ultimately resulted from the extension of the disease; there is considerable probability, with his appearance of good general health, that the disease may not return, and at all events that his life will be materially prolonged.

1856, Jan. 15. The patient was discharged to-day from the hospital, the wound entirely cicatrized.

E. B. S.

## REVIEWS AND NOTICES.

ART. IX.—*Physiological Chemistry*: By Prof. C. G. LEHMANN; translated from the second edition, by GEORGE E. DAY, M. D., F. R. S., etc. etc., Professor of Medicine in the University of St. Andrews; Edited by R. E. ROGERS, M. D., Prof. of Chemistry in the Medical Department of the University of Pennsylvania—with an appendix of Plates, etc.; complete in two volumes: Philadelphia, Blanchard & Lea, 1855.

These two handsome volumes form very appropriate and worthy companions to Carpenter's Physiology: and though we have not had the leisure to give the work a careful and systematic examination, we have studied it enough to learn that it is a most elaborate and complete treatise on Animal Chemistry, being, as briefly expressed by the author, "An application of Chemistry to the elucidation of Physiology and Pathological processes." It contains chapters on the Non-Nitrogenous Acids, as Oxalic Acid, Acetic Acid, Beuzoic Acid, the Fatty Acids, etc.; the Mineral Constituents of the Animal Body; on Saliva; on Gastric Juice, Blood, Chyle, Milk, Seminal Fluid, Urine, Cartilage, Hair, Digestion, Respiration and Nutrition. This glance at a small portion of the contents, affords the reader an idea of the nature and scope of the work, though it by no means conveys any notion of the fullness of these chapters, with their various divisions and subdivisions. The chapter on blood alone, would make up quite a respectable hand-book of a hundred pages, giving the properties, the composition, methods of analysis, and the composition of the blood in various physiological and pathological conditions. This work was translated from the German, under the auspices of the Cavendish Society, of London; and the American edition has the authority and indorsement of Professor Robert E. Rogers. For sale by H. W. Derby.

ART. X.—*A Treatise on Venereal Diseases*, by A. VIDAL (*De Cassis*), Surgeon to the Venereal Hospital of Paris, author of a "*Traite de Pathologie Externe, et de Medecine Operatoire*," in 5 vols., etc., etc., with colored plates. Translated with annotations, by GEORGE C. BLACKMAN, M. D., Fellow of the Royal Medical and Chirurgical Society of London, etc. etc. Second edition: New York, Samuel S. & W. Wood, 261 Pearl street, 1855.

The diagnosis of the more obscure forms of venereal disease, is of great importance; and whether the physician expects to

treat it or not, he must be able to detect its insidious existence, if he would avoid mortification to himself and danger to his patient. On this account, it is important for every medical man to have a reliable standard work of reference in his library, and be familiar with its essential teachings. Messrs. Vidal and Ricord are two leading, and, in some respects, rival authorities on this subject. Both are attached to the *Hospital du Midi*, the great venereal hospital of Paris; and, although both are observers of like facts, and under like facilities and circumstances, they have, in many respects, arrived at opposite conclusions. Ricord has been regarded by the great body of the American medical profession, as chief authority; but there is no reason to reject the teachings of so celebrated a man as M. Vidal, who will be found to have brought a sound judgment, extensive observation, a mature patience, all to bear in the production of the work now before us. The good taste and scholarship of Dr. Blackman, now Professor of Surgery in the Medical College of Ohio, is exhibited in the American edition, much to his credit. The various forms of venereal diseases are illustrated with beautiful colored plates, and the work, as a whole, we regard as a very valuable treatise.

For sale by Moore, Wiltach, Keys & Co.

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ART. XI.—*Memoir of DANIEL DRAKE, M. D., Physician, Professor and Author*, Carefully prepared from original Letters and documents, by EDWARD D. MANSFIELD. 1 vol., 12 mo.; price \$1.25.

This work was issued, a short time since, from the publishing house of Applegate & Co., Cincinnati, and its simple announcement will suffice to secure the interest and attention of the "troops of friends" of the distinguished Drake; and we doubt not, the profession throughout the West and South, will be eager for a perusal of these Memoirs. Mr. Mansfield has spoken of Dr. Drake as the "*Physician, Professor and Author*"—he might have added with great propriety, too, *the Citizen*. The life of Dr. Drake is cotemporaneous with the growth of the West, and his name is intimately associated with many of its most prominent institutions and enterprises.

For sale by Applegate & Co.

ART. XII.—*Clinical Lectures on Surgery*, by M. NÉLATON. From notes taken by WALTER F. ATLEE, M. D. "Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum, et dissectionum historias, tam aliorum proprias, collectas habere, et inter se comparare."—*Morgagni*. Philadelphia: J. B. Lippincott & Co., 1855.

We have already had occasion to notice the prominence which has been given to clinical instructions in hospitals and medical institutions, within a few years past. This feature of European medical teaching, is being adopted by American teachers with practical and profitable results. With clinical instruction we are also having voluminous reports of clinical lectures; of this sort is the new and popular work of Prof. Bedford, noticed in our last number. We have now before us another handsome volume of the same class—a contribution to our professional literature by Dr. Atlee, of Philadelphia. Dr. Atlee was an attendant on the lectures of M. Nélaton, during three years, from 1851 to 1854, during which time he took copious notes of Nélaton's clinics, and this volume is the fruit of his labors; and, as far as we have had time to examine it, a most excellent work it is. The labors of Dr. Atlee have been those of editor, translator, and in some instances, original author. He has systematized the whole, with almost the severe method of Andral—free from confusion, clear and elegant in diction, it will be received and read by the profession in this country with great pleasure. The volume embraces a large range of surgical affections, and we have already had personal occasion to consult it with satisfaction; as a fair specimen of the style of the work, as well as for its practical nature, we close this notice of the book, with the following case of *Tracheotomy in Croup*:

"December, 1851. A little girl, four years of age, was carried to the hospital, toward the close of the fourth day of an attack of the croup.

"The symptoms were most alarming. After trying all he could, the physician in attendance, despairing of deriving any benefit from medicinal agents, had advised tracheotomy as the only resource. M. Nélaton performed the operation, with barely a hope of saving the child, as the accomplishment of a duty; nothing, he said, could be more painful than to be forced to operate under such circumstances. The first time he had practiced

tracheotomy, it was followed by success; since then he had operated in twenty-four cases, and every one died. He still, however, persisted.

"As to the manner of performing the operation, he used to perform it in two strokes of the knife, one to reach the trachea, the second to open it. This method of operating is brilliant, but he has renounced it, because he has seen cases in which the patients died from the introduction of blood into the trachea. It is best to proceed with slowness, following the different layers of tissue one by one; the veins can thus be removed from before the knife, you pass surely between the muscles, you wait until the hemorrhage, which may follow the incision of the isthmus of the thyroid gland, is over, and then open the trachea when all is dry. Death does not take place in these cases because the trachea has been opened too late, for it does not result from a continuation of the asphyxia, but from a continuation of the disease. To check this, he has used nitrate of silver, in injection, but it coagulated the mucus of the air-passages; he then tried potassa, but had to renounce it also.

"Sometimes after the operation, in swallowing, liquids pass into the trachea; the surgeon is then forced to introduce them into the stomach by means of a hard catheter; there is no alternative.

"The child died the day of the operation."

For sale by Truman & Spofford.

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ART. XIII.—*The Moral and Intellectual Diversity of Races*, with particular reference to their respective influence in the civil and political history of mankind. From the French of Count A. DE GOBINEAU; with an Analytical Introduction, etc., by H. HORTZ. To which is added an Appendix, containing a summary of the latest scientific facts bearing upon the question of Unity, or Plurality of Species, by J. C. NORR, M. D., of Mobile. Philadelphia: J. B. Lippincott & Co., 1856.

We have for this new book, a rather formidable title-page to a neat duodecimo of five hundred pages, and small pages at that. We are aware, however, that the size of a volume is not always an index of its importance or value; and from this consideration we have deferred preparing a notice of this book of M. Gobineau until this late date, still hoping, week after week, to find leisure to give it that careful examination, and full perusal, that its topic entitles it to; thus far we have not been able to do this, and we shall only at this time call attention to it, and speak of its

prominent scope, and our impressions, upon a hasty review and thumbing of the book. Gobineau's *Diversity of Races* is not, strictly, a professional work, but it takes into analysis matters of such general interest to the race, as to command the respectful attention of men of science and letters, everywhere. M. Gobineau very explicitly denies the doctrine of a plurality of origin of the human family; but he holds, that the various distinct races of men are marked with certain fixed and positive characteristics of mental, moral, and physical differences, that are not the result of political institutions, or geographical position, or any like circumstances. He likewise holds, that these diversities, these types of the human race, are permanent. These positions are very fully illustrated by historical and physiological references; and their bearings upon the great problem of civilization treated at length. The whole is prefaced with an analytical introduction by H. Hotz; and Dr. Nott, of Mobile, has added an appendix, chiefly in expansion of his views upon the plurality of origin of the human race. Dr. Nott has been somewhat prominent before the American profession, as an earnest teacher of this theory, his opinions having been already presented in full in association with Agassiz and Gliddon, in their large work on the *Types of Mankind*. Having thus summarily indicated the character of Gobineau's *Diversity of Races*, we leave it for the present, trusting we shall still have occasion to return to its study.

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ART. XIV.—*The Anatomical Remembrancer; or Complete Pocket Anatomist*: containing a concise description of the structure of the human body. Second American, from the fourth London edition, with corrections and additions by C. E. ISAACS, M. D., Demonstrator of Anatomy in the University of New York. New York, S. S. & W. Wood, 261 Pearl street, 1855.

This work, as its name indicates, is simply intended as a Pocket Companion, and aid to the memory of the student, and especially while engaged in the detail of practical anatomy. We find very clear descriptions given of the Anatomy of the Perineum, the Brain, Anatomy of Hernia, and of the various important organs.

For sale by Moore, Wiltach, Keys & Co.

## EDITORIAL AND MISCELLANY.

## PORTRAIT OF DR. DRAKE.

It is with sincere pleasure that we send out this number of the *Observer* to the profession, embellished with the very faithful and finished engraved Portrait of our late distinguished townsman, Prof. Daniel Drake. And we doubt not our readers will treasure this picture, as we shall, as a memento of one so eminent in our midst for so many years. The Life and Times of Dr. Drake are cotemporaneous with the growth of the whole West. His history written, records the history of Cincinnati, its literature, its Medical Colleges and Hospitals, its leading enterprises. His history too, embraces to a great extent, the whole medico-literary history of the West: of all these he could in great truth have exclaimed "*magna pars fui*;" and for fifty years the name of Daniel Drake has been familiar to the people, learned and unlearned, of this entire valley. We had intended that a full Biographical Sketch should accompany the engraving; for lack of this, we refer our readers to the Life of Drake, issued some months ago from the press of the Applegates, in this city—by Mr. Edward Mansfield. It would, however, be improper to pass this occasion without giving at least a synoptical table of the prominent events in his life.

Dr. Daniel Drake was a native by birth, of New Jersey, in 1785, but removed to near Maysville, Kentucky, in 1788. Influenced by some accidental acquaintance, he came to this city, in the year 1800, to study medicine with Dr. Goforth, then the prominent physician of this little village of Cincinnati; at this time, of course, Dr. Drake was only about 15 or 16 years of age. In the winter of 1805-6 he attended a course of medical lectures in Philadelphia, and a second course, receiving the degree of M. D., (the first in the West) in the winter of 1815-16; but immediately, had been already engaged in active practice in Cincinnati, had married, and had commenced his career of authorship.



In 1817, Dr. Drake was chosen to fill a chair in the Faculty of the Lexington Medical School, the first Medical College in the West; but in 1818-19-20, we find him actively engaged in procuring the charters, and organizing the Medical College of Ohio, and the Commercial Hospital. In 1823, however, he is for a time again at Lexington, and connected with the Transylvania Faculty.

In 1824, Dr. Drake took an active and zealous part in behalf of the political aspirations of his personal friend, Mr. Clay. In 1827, becomes connected with the "Western Journal of Medical and Physical Sciences," of which he was the active spirit for more than twenty years; about the same time, (1827) he commenced arranging the materials for his *great work*, "Diseases of the Interior Valley of North America."<sup>c</sup> At his death the first half of the work was before the profession, and the material for the remainder in a state of considerable completeness.

He subsequently founds an Eye Infirmary in Cincinnati; publishes treatises on Cholera; is active in the initiatory steps of the great Railway enterprises that have since so materially contributed to the greatness of Cincinnati and the prosperity of the West; he revives the Cincinnati College with a Medical Faculty; is at times a professor in Louisville Medical Institute; again in Medical College of Ohio; and still again in Louisville; and again in Ohio Medical College, in 1851; Dies Nov. 5th, 1852. Thus was Dr. Drake the first medical student of Cincinnati—its first graduate in medicine—its first medical author, and first medical teacher.

It is as a simple tribute of professional affection that we desire thus to record this brief outline of Dr. Drake's memoirs—and we regret that we must at this time, give so imperfect a notice of his life and labors. While living, Dr. Drake commanded the ardent love of his friends, and the respect even of his enemies. His life-long ambition was to be a great teacher of medicine—voxatious rivalries thwarted many of his choicest plans and hopes—yet amidst them all, he reached an honorable eminence in the profession; so as even to be styled in a prominent Foreign Review, the "American Apostle of Medicine." We have been taught to

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<sup>c</sup>Although his first unpretending little volume published many years before this, and which had given him an early and enviable name even in Europe, was doubtless the initiatory and suggestor of his great work.

cherish sincerest admiration for the living Drake, and for his memory in death, we cultivate the most profound veneration. Let us strive to emulate his untiring energy of purpose—his industry—and his many virtues.

The Portrait of Prof. Mussey, engraved in the same style of art as that of Drake in this number, will be given in the *Observer* sometime during the year.

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*A word for the New Jersey Medical Reporter; its notice of the "American Eclectic Obstetrics, by John King, M. D., etc."*

IN the October number of the *New Jersey Medical Reporter*, we were astonished to see a commendatory notice of the above book. How the editor could even stoop to notice the book is to us passing strange. If a publisher should send us a book with any such title, we would send it back to him, especially if he asked us for even a notice. The title is enough to condemn it. Who ever heard of "American Eclectic Obstetrics" before the appearance of this book?

One would suppose that such men as Dewees, Hodge, Meigs, Miller and others, had never written a line on Obstetrics. English, Irish, Scotch or French "Eclectic Obstetrics," would sound quite as well. It is a pity Prof. Simpson did not place on the title page of his papers, Scotch "Eclectic Obstetrics."

Who is there that would not be disgusted? aye, more, there are few, we take it, who would even look with a critic's eye, much less extend a friendly hand to such books. If our cotemporary is really ignorant of the character and position of the author of "American Eclectic Obstetrics," we forgive him. He is one of the faculty of the Eclectic Medical Institute in this city—one of the most notorious quack-schools in the country. Every *ism* has been and is taught in it, Homeopathy, Hydropathy, Phrenology, and Eclecticism, (Providence save us from such) have all been and are still with one or two exceptions taught in it. Its professors have been loud and deep in their abuse of the scientific profession. In public lectures before their classes, and through the daily prints, have these gentlemen done all they could to break down the regular profession.

They have shown wonderful abilities in adding to the literature of the profession, if the editing of the books of the very men they abuse, and the compilation of others, can be said to show ability. This "American Eclectic Obstetrics," is one of them: one would find some comfort if there was anything new or valuable in it—for we will admit the good and true wherever we find it. There are many of our brethren who are not acquainted with the character of this school, and are misled. So far as we are concerned, we do not intend that they shall impose on the regular profession, either with their school or their books.

We are sorry to give the above book, or the associates of its author, so much notice or importance, but we think our *confrère* of the Reporter is in need of light.

He says that he is afraid his "Cincinnati friends" will yet suffer from the word Eclectic. Our *confrère* will please learn that the "Eclectics" of this city, are a set of empirics, occupying the position, the code of Ethics, which they so heartily despise, places them in.

Their great object at present, is to get into respectable society—be acknowledged by the regular profession. Notices like the one in the Reporter, are calculated to assist them in the attainment of so desirable an object. But we do not intend they shall succeed.

They are fallen angels, and between them, and the truly regular and eclectic profession, there is an impassable gulf. We never knew a quack to repent. With us, once a quack, always a quack.

If there is any set of quacks whom we loath more than others, it is the class of gentry calling themselves Eclectics. We are not single or alone in this city in our appreciation of them. The only proper course to pursue, so far as they are concerned, is that of dignified silence and contempt.

We hope the editor of the Reporter after reading this article, will treat them, and their books in the same way.

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QUACKERY.

In the daily *Commercial* of December 10th, there appeared a lengthy report of an amputation at the hip-joint, by Prof. Blackman,

at the Commercial Hospital of this city. Since then we have seen two or three notices of operations by the same gentleman. We were much surprised, as well as mortified, to see these notices. Surprised, for the reason that Prof. B. came to the city, heralded as a dignified, high-toned gentleman—mortified, for the reason that such is the course of one of the most notorious quacks in the city, making pretensions to surgery. Prof. B. can but know that such a course is highly derogatory to well-bred gentlemen, and entirely unworthy the character of any one having any position or respectability. It will be said that such reports will be published without the consent or knowledge of the person named. To those who do not know, this will be a good excuse. In “days of lang-syne,” when we were one of the resident physicians of the Hospital, and when many more operations of a capital character were performed than at present, there were never any reports of them in the newspapers. Since then, however, some one of the papers is made a medium of communicating every now and then the wonderful and unusual operations performed in the Hospital; one of the predecessors of Prof. B., allowed reports of his operations to be published in the same paper, without either honor or profit to himself.

Again, we know of several operations having been performed in another institution, and in private practice, without one word having been published in a newspaper concerning them. We anticipate the charges which will be brought against us for this stricture on Prof. B. But while we live in the profession, we intend to lay on, and spare no one, be his position high or low, who violates the code of ethics, or does anything to injure our noble profession.

To show that we have ground for our remarks, let us refresh the minds of all with a reference to the code of ethics. In article first, section third, we find the following: “It is derogatory to the dignity of the profession to resort to public advertisements or private cards or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures, *or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to*

boast of cures and remedies, to *adduce certificates of skill and success*, or to perform any other similar acts."

These are the *ordinary practices of empirics*, and are highly reprehensible in a *regular position*. As journalists or physicians, we intend to expose and read out of the profession, all who continue to violate the code of ethics. A disregard and open violation of the code is the prominent characteristic of all quacks. We intend to be no way chary or delicate in our language, but to speak out strongly, clearly, and pointedly, without regard to the position or reputation of those interested.

This kind of quackery must be stopped, at least among those making pretensions to be scientific men.

In this city, and we may say the West, a reputation gained by newspaper puffing is very short-lived. We thank Providence that "our lines have fallen in pleasant places," in so far as that a solid, enduring reputation is solely dependent on the opinions of the profession.

It rarely fails to do justice, in giving a man all he deserves. We do not believe any one can succeed here who treats with contempt the opinion of his compeers.

We want at the present time, high-toned gentlemen, sensitive of the honor of a common, but noble profession. We hope Prof. Blackman will see to it in the future, that "*laymen*" shall not "*be present*" at his "*operations*," and that he will not "*suffer publications*" of his operations "*to be made*" in the daily prints.

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DECEPTION.

In the medical profession, deception and quackery are inseparable. Notorious quacks are as notorious for lying and deception; while those who lie, and try to deceive, are as uniformly found, sooner or later, among the subjects of quackdom. One of the tricks of certain pseudo-authors, in this city, in attaching titles to their names, is merely to put the initials which designate their relations to a quack school, while the titles deemed honorable are carefully written out in full. For instance, E. M. Institute, for Eclectic Medical Institute, knowing full well that this, if written

in full, would expose their standing, where the character of this shabby concern is known. We call upon the press devoted to scientific medicine, every where, to be on its guard, and not unwarily to be led into favorable notices of books, periodicals, and papers written by these worthless fellows, some of whom have *formerly* had standing and management sufficient to obtain some titles attached to respectability. This whole species of quackery is an off-shoot from Thompsonianism, with an attempt to white-wash it, and fraternize with the regular profession.

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#### MEDICAL JOURNALS.

WE have a large number of medical journals in the United States, yet we believe there is room for one more, which, if properly conducted, would meet with signal success. A North American Quarterly Medical Review, devoted exclusively to the notice of new works, and reports on the progress of different departments of medicine, would be something new with us; and we apprehend that the time is drawing near for such a publication, if it has not already arrived.

It would require an association of the best medical talent of the country, and should be established on an independent, firm, enlarged, and liberal basis, disconnected from our medical schools and publishing houses; at least sufficiently so as not to be biased materially by the influences of either. A man should control it who would rise above all these influences, and in whom the confidence of the profession could be implicitly placed. It must be obvious to all, on a little reflection, that our journals, whether monthly, or quarterly, devoted to the current articles of the day, are not adapted to fulfil this office in a satisfactory manner; and hence the necessity of such a publication as we have named. What say our co-laborers of the press?

We naturally look to our eastern brethren to take the initiative in such a movement, but we trust the West will contribute its part to such an enterprize.

## THE AMERICAN MEDICAL ASSOCIATION.

THIS body holds its next session in Detroit, on Tuesday, the 6th of May. It is with much pleasure that we refer to this Association: we believe it has accomplished much good, and is exerting a powerful and rapidly increasing influence on the profession of the United States.

It is to be hoped that the next meeting will be largely attended, by our western physicians, and that medical societies will make their appointments of delegates early, so as to give time to procure substitutes in cases of inability to attend. It is the duty of every physician of the West to assist in making this meeting one of interest and profit, and we doubt not it will be done.

As connected with this subject, we will copy a portion of an article from the *Association Medical Journal*, for September 1, 1854, and for which we are indebted to the *Philadelphia Medical News*. This journal copies our code of ethics entire, in consideration of its excellence, and then makes the following remarks, which will, we think, be read with interest by all American physicians.

"Founded upon such an ethical basis, and actuated by such lofty principles, the American Medical Association has grown and flourished, giving evidence at once of all the freshness of youth, and much of the vigor of maturity. From time to time its laws have undergone trifling modifications, in order to maintain perfect equality of representation between the different States and societies—which fair representation must be regarded as the most essential feature of the system. From time to time additional or extraordinary committees have been appointed to fulfil the various duties that have devolved upon the increasing weight and influence of the Association, or to meet the various exigencies that external circumstances have produced. But in other respects there has been no change; and year after year, in one or another of the great cities of the United States, the chosen delegates have assembled, justly possessing the confidence of their constituents, and comprising within their ranks the most shining talent, and the most distinguished worth that the medical profession in America can supply. Of such a body as this—the most enlightened representatives of the greatest medical constituency in the world—it would be presumptuous for us to speak in terms of praise."

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After enumerating certain objects which have been accomplished by the association, the writer says:

"We have now, as fully as our narrow limits will permit, laid before our readers an account of the government, the animus, and the operations of the American Medical Association. It would be a pleasant task to dwell longer upon these topics, and to fill in with appropriate shading the scant outline that now appears upon our pages. But instead of doing so, we must turn at once to the practical question which even this outline can not fail to suggest; we must inquire into the causes of that success, especially in ethical reform, which we can not fail greatly to admire, and can scarcely refrain from envying. Those causes are to be found, we believe, solely in the moral power which is inseparable from a constitution based upon the *principle of equal representation*."

*Monthly Chat with Readers, Friends, and Correspondents.*—We wish to return our thanks to our friends for the prompt responses so many have made in behalf of the Observer. We believe every man that practices medicine, ought to take and read at least *one* good journal; better still if he can have the benefit of several; and as money is not an abundant commodity with a large number of our profession, we have determined, from the beginning, to put the price of this journal as low as it can possibly be afforded, and yet make it a first class medical monthly, in character and appearance. We want it to be of such a character, in all respects, that our friends will not be ashamed to have it on their office table. To accomplish this we are ready to contribute time and labor. We have full faith that the profession will yet more abundantly respond to these efforts, in subscriptions and contributions; a little personal attention by those receiving this number, will secure all this, safely enough. ☞ We shall still send this number of the Observer to many points from which we have thus far received no response. We trust all such will be so well pleased with our February appearance, as to be anxious to have a monthly visit for the year; but any receiving this number, who do not wish to be subscribers, will please return it. We return our thanks to our friends in Dayton for their interest in our behalf, but especially to our friend, Dr. McDermont, are we under obligations for his efforts. We only hope for an opportunity to give them some small token in return, and in the mean time, we trust they will continue to prosper, in "basket and store."



—Notwithstanding a great deal of care, several vexatious errors found their way into the January number; some of these were observed while the number was passing through the press, but too late for correction; of these we note, *Florogene*, on page 15, should read *Phloridzin*—the phrase, “*corps de observation*,” on page 43, should read, “*corps d’ observation*”—“Hanbury on Mineral Waters,” page 3, of course is an unintentional familiarity with our esteemed correspondent; these, with some of minor importance. We shall make it a point, if possible, to avoid hereafter these kind of errata, annoying alike to ourselves and our readers.

—Very acceptable articles are on hand from Drs. Lamme, Stanton, and Plummer, which will have place very soon.

*Circular to the Physicians of Ohio.*—The Committee of the American Medical Association “On Medical Topography, Epidemic Diseases and most successful treatment thereof,” address you this circular, in their endeavor to get together materials for a medical history of the country. Please communicate to the address of the undersigned, any and all information which may enable him to make a report, in which due credit will be given to each collaborator, and his name mentioned in connection with facts and histories furnished by him.

Please mention every thing that has been printed or published about the medical history of your district, any topographical account, or histories of any particular epidemics, and say how far your own observation enables you to vouch for facts therein presented.

Geological and physical charts are very desirable, as well as descriptions of peculiar features of country or city.

Please mention *all epidemics* of which you may have any knowledge, being particular to assign limits of time and space as exactly as possible, giving, in connection with each disease, the peculiar features of the country, city, ward, or street, where it prevailed, with slope of rocks, character of soil, meteorological records and observations, altitude above the ocean, or adjacent bodies of water, character of the water, artificial changes, as by cultivation, cutting down or planting of trees, sewerage, drainage, etc.

Any supposed causes of disease, peculiar symptoms, post-mortem appearances, prevention, therapeutical influences, and all details of age, sex, nativity, occupation, etc., of individuals, and of the duration and severity of disease at different periods, proportion of mortality, etc., etc., should be given.

An answer to this communication is desired on or before the first of January, 1857.

Address, GEO. MENDENHALL, M. D., 197 Fourth street, Cincinnati, Committee for Ohio.

*Exchanges.*—The following journals have been received in exchange: American Journal of Medical Sciences, Jan., 1856; Medical News and Library, Jan., 1856; Medical Examiner, Jan., 1856; Boston Medical and Surgical Journal, weekly, Jan., 1856; American Medical Gazette, N. Y., Jan., 1856; New York Journal of Medicine, etc., Jan., 1856; American Journal of Insanity, Jan., 1856; Iowa Medical Journal, for Sept., 1855; Peninsular Journal of Medicine, Jan., 1856; N. H. Med. Journal, Jan., 1856; Buffalo Medical Journal, Jan., 1856; Medical and Surgical Reporter, N. J., Jan., 1856; Medical Counsellor, No. 2, Jan., 1856.

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#### MONTHLY SUMMARY.

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*Chloroform in Pneumonia.*—A Hungarian Physician, Dr. STOHANDL, reports three cases of pneumonia, in which much benefit was derived from the inhalation of small quantities of chloroform (30 to 40 drops), repeated several times a day. After each inhalation the symptoms were relieved; after four or six hours they again became aggravated, but were again relieved by a repetition of the inhalation. In from five to eight days a cure was effected.—*Revue de Therap. Med. Chirurg.*, Oct. 1, 1855, from *Ungar. Zeitschrift*.

*Solidified Milk.*—This is made by adding to 112 lbs. of fresh milk, 28 lbs. white sugar, and a tablespoonfull of bi-carbonate of

soda. It is then evaporated in a water bath at a moderate temperature, being stirred and agitated all the while, but so moderately as to avoid churning. In three hours it assumes a pasty consistency, and by constant manipulation and warming, it is reduced to a rich, creamy-looking powder. It is then exposed to the air to cool, weighed into parcels of a pound each, and pressed into a brick-shaped tablet, which is covered with tin-foil. This will keep for any length of time, and may be grated and dissolved in water for use, answering all the purposes of ordinary milk, even to the making of butter. Our ships and steamers will find this solidified milk convenient and economical, and it may come into general use in cities. It is particularly convenient for use in sick rooms and hospitals.—*Memphis Med. Recorder.*

*Cultivation of Liquorice in this country.*—A correspondent of the New York Times (Mr. William R. Prince, of Flushing, L. I.), is of the opinion that the officinal *Glycyrrhiza Glabra* may be easily cultivated in this country. He says: "The liquorice is one of the most important plants that is destined to be added to American agriculture, and merits at our hands an early adoption, on account of the facility of its culture, its great usefulness for various purposes, and for the large profit it yields to the cultivator. When the high-priced lands of England are profitably devoted to it, how much more profitable must it prove, where land is plentiful and cheap, and where, above all, as in several of the Western States, the soil is naturally permeable, free from all stones, and no manuring required. It is, indeed, mortifying to American pride, to witness the many thousands now paid to Europe for an article like this, so simple in its culture that we ought to be the largest exporters of it, thus adding another item to our 'granary of the world.'"

"It has long been extensively cultivated in Spain, and from the commencement of Queen Elizabeth's reign it has been largely grown in various parts of England."

Besides its employment in medicine, liquorice is extensively used in the manufacture of porter and other preparations containing saccharine ingredients, and its introduction into this country could not fail to be profitable.

*British Association for the Advancement of Medical Science.*—This Association has had several very interesting meetings at Glasgow, during the week, attended by Baron Liebig, Dr. Daubeny, Dr. Playfair, Sir David Brewster, Dr. Carpenter, Dr. Stenhouse, Professor Owen, etc., etc. Among the few subjects in

relation to medicine, we may mention that Dr. Daubeny, of Oxford, exhibited a small set of grain weights, for weighing medicines, made of the new metal "aluminium," for which it seems peculiarly adapted, by its very superior brilliance as a metal, and its great lightness; so that  $\frac{1}{8}$ th of a grain of strychnine, for instance, may be weighed with a weight as large as the present  $\frac{1}{2}$  grain weight of the surgery drawer. The aluminium weight also does not contract rust or verdigris. A new compound of chlorine, analogous to the allotropic condition of oxygen in ozone, was exhibited by Dr. Andrews, of Belfast, and may hereafter be found to play an important part in the theory of disinfection and deodorization by chlorine. Baron Liebig read a paper on a new compound of fulminic acid, the salts of which are of adamantine brilliancy. Chevalier Clausen exhibited artificial gutta-percha, likely to be very useful in forming splints and other appliances for surgeons. Various interesting papers were also communicated, on the physiological changes in marine vivaria, etc.—*Lancet*, Sept. 22, 1855.

*On the communication of Syphilis by Vaccine Lymph.*—The question of the influence of syphilis upon vaccination is one of importance; the opinion is very wide spread among the laity, that vaccine lymph taken from an unhealthy child generates disease. A case in point has lately occurred in Bamberg, a town of Bavaria, where a medical man was condemned to two years' imprisonment for having vaccinated several children from a child exhibiting a syphilitic eruption on its face and body. The witnesses asserted that the vaccine pustules had not been properly developed, and were followed by tedious ulcerations. Moreover, nine grown-up persons were asserted to be reinfected by the children tainted through the vaccine pustule. The judgment was commuted in consequence of the opinions expressed by Messrs. Heyfelder and Pauli, two distinguished medical men of Rhenish Bavaria, whose judgment has been supported by that of Ricord and Cullerier, who utterly deny the possibility of communication of the syphilitic poison by the agency of vaccine lymph. Cullerier, according to the *Bulletin de Thérapeutique*, from which we extract these facts, states that he has not only vaccinated syphilitic children without ever seeing the vaccine in any way modified by the syphilitic diathesis, but that he has vaccinated healthy children from syphilitic infants without ever perceiving the slightest unpleasant results. The Société de Chirurgie, through their reporter, M. Brocas, have pronounced absolutely in favor of the views of Messrs. Ricord and Cullerier.—*B. & F. Med.-Chirurg. Rev.*, Oct., 1855, from *Bull. Gén. de Thérap.*, July, 1855.

*Entertainment by the Medical Faculty of Harvard University.*—Another elegant entertainment was given on Saturday evening by the Faculty of the Medical College to the students attending lectures. A large number of Physicians of this city and the vicinity were also present. The occasion was a most interesting one, and the guests of the faculty separated after having passed a delightful evening.—*Bost. Med. and Surg. Jour.*, Jan. 3, 1856.

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#### OBITUARIES.

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It is with profound regret, says the Medical News, that we record the death of THEODORIC ROMEYN BECK, which occurred at Albany, on the 19th of November last, in the 65th year of his age.

"Dr. Beck was born in Schenectady, August 11, 1791; in 1807 he graduated at Union College, and soon afterward commenced his medical studies with Drs. McClelland and Law, at Albany, and subsequently entered the office of the late Dr. David Hosack, of this city. In 1811, he graduated at the College of Physicians and Surgeons, the subject of his Thesis being Insanity. In 1815, he was appointed Professor of the Institutes of Medicine, and Lecturer on Medical Jurisprudence in the College of Physicians and Surgeons in Western New York. In 1817, owing to ill health, he retired from the general practice of medicine. Dr. B. was Secretary of the Board of Regents of the University of the State of New York, and one of the Managers of the State Lunatic Asylum, at the time of his death, and for some time the editor of the *American Journal of Insanity*. He was also a regular and valuable contributor to the pages of the *American Journal of Sciences*. In 1823, he published the first edition of his work on Medical Jurisprudence; the eighth edition of which, much enlarged, was not long since issued from the press. Thus has passed from our midst the last of this talented family."—*New York Medical Times*, Dec., 1855.

Says the Philadelphia Medical Examiner: "We have heard with sincere regret, of the recent death of Dr. J. F. PEEBLES, of Petersburg, one of the editors of the *Virginia Medical and Surgical Journal*.

DIED, at Brighton, November 19, 1855, aged seventy-four, THOMAS COPELAND, ESQ., author of the well-known work, "On some of the Principal Diseases of the Rectum."



Depth of rain and melted snow, in the month.	- - - - -	3.28 inch.
Average depth of rain and melted snow in December, for the last ten years, is	- - - - -	5.80 inch.
Greatest depth of rain and melted snow in any Dec., the last ten years, was in 1848,	- - - - -	11.23 inch.
Least depth of rain and melted snow in any December in ten years, was in 1853,	- - - - -	1.86 inch.
The highest temperature of the year, was on the 17th, 19th, and 20th of July, each,	- - - - -	85 deg.
The lowest temperature of the year, was on the 26th of December,	- - - - -	2 deg.
Mean temperature of the hottest day in the year, 30th July,	- - - - -	86.50 deg.
Mean temperature of the coldest day, 26th December,	- - - - -	7 deg.
Do. do. of the year.	- - - - -	54.52 deg.
The highest temperature indicated in sixteen years, is	- - - - -	99 deg.
The lowest temperature indicated in sixteen years, 19th and 20th January, 1832, is 10 degrees below zero.	- - - - -	
Mean temperature of the last sixteen years, is 55.75—Centigrade, 13.1 deg.	- - - - -	
Mean annual depth of rain and snow water, in the last sixteen years, 48.63 inches.	- - - - -	
Mean annual depth of snow in last sixteen years, 21.10 inches.	- - - - -	
Clear days in the year,	- - - - -	128
Variable—sun visible,	- - - - -	193
Cloudy—sun not visible,	- - - - -	44
		<hr/> 365

## OBSERVATIONS.

There has been *no month*, in the last sixteen years, without rain. The remarkable feature of the month was the stormy weather which began on the night of the 8th December, and continued through the 9th, and great part of the succeeding night, being more like a *gale of wind*, in intensity and duration, than any thing of that description I have yet recorded. It does not appear to have been severe enough to injure any of our shade trees. *Squalls*, of ten to twenty minutes duration, occur at times, but not frequently.

Although westerly and south-westerly winds prevail to a great extent, it is rarely that they blow for two days in one direction, and our winds are so variable, that it would be difficult to record them correctly—added to which, they are usually of so little *force* as not to cause the *vanes* to traverse, therefore I have recourse to the indication of smoke.

The minima of temperature of all these observations are recorded from a self-registering thermometer.

The past season was fructuous in a remarkable degree.

Some thermometers, in the country, within a few miles of the city, fell, on the 26th December, from 2 to 7 degrees below zero.

The health of the city, the past year, has been even better than usual. According to the report of Dr. C. B. Hughes, Health Officer, the total number of deaths, from all causes, being four thousand and eighty-one (4,081), which in a population of one hundred and ninety thousand, gives a ratio of one to forty-six and fifty-five hundredths.

JOHN LEA.

*Card of the Committee on Prize Essays of the American Medical Association.*—At a meeting of the American Medical Association, held in Philadelphia, May, 1855, the undersigned were appointed a committee to receive voluntary communications on medical subjects, and to award prizes in accordance with the regulations of that body. Each communication must be accompanied by a sealed packet containing the name of the author, and marked exteriorly by a sentence or motto corresponding with one upon the essay, which packet will not be opened, unless the essay belonging to it has awarded a prize. Unsuccessful papers will be returned, on application after the adjournment of the meeting at Detroit, in May next. Communications intended to compete for prizes, must be addressed to the chairman of the committee, at Ann Arbor, Mich., before the 20th of March, 1856.

A. B. Palmer, M. D., *Chairman*; Samuel Denton, M. D., A. R. Terry, M. D., A. Sager, M. D., S. H. Douglass, M. D., C. L. Ford, M. D., E. Andrews, M. D.

THE  
CINCINNATI MEDICAL OBSERVER.

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VOL. I.]

MARCH, 1856.

[No. 3.]

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ORIGINAL COMMUNICATIONS.

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ART. I.—*Keratoconus*. By E. WILLIAMS, M. D.

IN the January number of the "Observer," I gave a description of three cases of *conical cornea*, with a view to some remarks on the subject at a subsequent period. These are *model cases*, and those inclined to peruse this article, will do well to read the description of them anew, for it will aid them very much in forming correct opinions on some litigated points connected with this obscure affection. I prefer the name of *keratoconus* or *conical cornea*, because this word expresses the most striking peculiarity of the disease, without any hypothesis as to its pathology.

The natural convexity of the cornea is gradually transformed into the conical shape. This change may affect only a part of the organ, leaving the surrounding portions, with their curvature, nearly or entirely normal; or it may involve the whole cornea. In general, it affects the central two-thirds or three-fourths, so that there is a narrow zone around the circumference, which is unaltered.

In the young lady whose case I detailed in the first number of the "Observer," the base of the cone coincided very nearly with that of the cornea. The *apex* corresponds most frequently, more or less exactly with the center of the organ, but deviates,

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sometimes, to one side—in which case, the steepness of the side of the cone toward which the summit inclines, is more marked than that of the other. The degree of inclination of the sides of the cone, depends also upon the amount of the projection.

In the right eye of my patient, the conical eminence was quite in the mathematical center of the cornea. In the left, however, it was a little to one side, and the *vision* of this eye is hence far better than that of the right. The apex will sometimes be seen quite pointed, but in most instances, somewhat rounded off; but its shape is entirely independent of the amount of the protrusion.

The summit of the conical elevation is often perfectly transparent, as are *always* the other parts of the cornea; but more frequently—especially in the advanced stage of the affection—it is hazy, nebulous, or even entirely opaque. This opacity frequently exists in the form of a number of small, isolated, whitish, or bluish-white points, which sometimes, as they do in my case, present a beautiful stellated appearance. At other times, the apex is uniformly cloudy, or even may have the white pearly look of leucoma.

As this loss of transparency at the most prominent point of the projecting cornea, occurs, usually, late in the disease, it is caused, probably, by the unnatural exposure of this part to the atmosphere, and the mechanical action of the eyelids. Prof. Arlt saw this opacity gradually develop itself in his patient, about two years after the commencement of the conical transformation.

As to the frequency of its occurrence, authors are not agreed. Sichel—as I shall notice more fully, in another place—contends that it is *always* present; and affords an argument in favor of *his theory*, that conical cornea is *invariably preceded* by an ulcer, at the point which subsequently corresponds to the apex of the cone! In six cases observed by Stellwag von Carion, of Vienna, not one presented a perfectly transparent summit. Still, there are numerous instances on record, where, even in a very advanced stage, not the slightest opacity could be detected. The diagnosis of conical cornea, when considerably advanced, is not difficult. A slight degree of the affection, however, is not so easy to detect,

and the case is frequently put down as one of *myopia*—or, as vision, for near objects, is somewhat impaired, it may, very naturally, be mistaken for *incipient amaurosis*. A careful examination from the side will, generally, at once enable one to recognize the unnatural prominence and shape of the cornea. But the most reliable and striking proof of the change to the conical form, is derived from carefully observing the image of a candle, or of any other object reflected from that organ. The smooth, polished surface of the cornea, performs the part of a convex mirror. When an object is placed before the eye, a diminished image of it is seen upon, or rather *behind* the cornea, about on a *plane with the pupil*. It is said, and probably with truth, that the word pupil was applied to the *sight* or *apple* of the eye, by the ancients, in consequence of the "*pupillus*," or "*pupilla*," (a little boy or a little girl), which they saw in the space occupied by the pupil, when looking into the eye of another. The Irish poet, Tom Moore, expresses this idea very beautifully, in the following lines, addressed to a lady love:

"Look in my eyes, my blushing fair,  
Thou 'lt see thyself reflected there;  
And as I gaze on thine, I see  
Two little miniatures of me.  
Thus, in our looks, some propagation lies,  
For we make babies in each other's eyes."

The *size* of the *image* upon the cornea, the distance of the object remaining the same, affords a very delicate *measure* of the *convexity* of the anterior surface of the organ. If the curvature is greater, the image will be smaller, and *vice versa*. Exceedingly small variations in the radius of convexity of the cornea, or of its different parts, may be readily detected by the differences in size of the images. While in Prague, Prof. Arlt showed me a number of convex reflecting glasses, which he had had constructed for the purpose of testing this point. The radius of convexity was varied in a regular gradation, but by the smallest possible quantities. Still, the corresponding difference of size of the images, was readily appreciable. The practical value of this fact is very great, not only in the diagnosis of the disease under consideration, but in determining whether the curvature of the cornea

is changed at all, and if so, to what extent in *myopia*, *presbyopia*, and in the process of *accommodation* of the eye to vision, at different distances.

Now if one holds a candle in such a way before the eye to be examined, that he sees its image upon the cornea, and then moves the light so as to cause that image to travel successively over the different parts of its surface, he will observe, if there is any degree of conicalness, that the image becomes smaller and smaller, as it approaches the apex, at which point it is remarkably diminished in size, because of the exaggerated convexity at that point.

In keratoconus, the cornea has a remarkably brilliant, sparkling appearance, when viewed directly in front. This peculiar, opalescent, lustrous reflection of light from the eye, is usually the first thing that strikes the attention of the physician. When examined in profile, the prominent cone resembles somewhat a drop of water, or a solid conical piece of glass, set upon the cornea. It projects, also, farther through the opening between the eyelids, than in the natural state.

Patients affected with conical cornea, always experience much impairment of vision. The first thing noticed by them, is a certain degree of short-sightedness. But it is different from ordinary myopia in this, that a person laboring under the latter affection, sees *near objects quite as distinctly as ever*, and can look at them for a long time without ocular fatigue. By the aid of appropriate concave glasses, also, he distinguishes objects very well in the distance. In keratoconus, on the contrary, although the patient is obliged to bring small things very near the eye, in order to see them, he still does not see them as clearly as usual, and the eye soon gets tired. In the distance, often, of only a few feet, he sees very imperfectly, and frequently not at all, and is generally very little benefited by concave glasses. Hence, there is in this disease, *impairment of vision for all distances*. There is *dimness of sight*, as well as myopia.

By such a patient, objects are often seen surrounded by a halo, or they may appear deformed, and sometimes double, or even many times multiplied. When the affection has reached a high degree of development, he is unable to judge of the form, size,

color or distance of objects, and often his sight is so much injured, that he is rendered quite helpless. Vision through the apex of the cone, especially when it is opaque, is far less clear than that of objects from the side. Hence, you will observe, such persons present whatever they wish to distinguish, to the side of the eye, not in front of it. The young lady to whom I have several times referred, can still read with her left eye, but she holds the book toward her left temple, and at a distance of only from one and one-half to two inches. In this, her best eye, the summit of the cone is not quite in the center of the cornea. There are three reasons why the patient sees very imperfectly, or not at all, through the apex of the conical projection. *First*, there is generally some opacity of that part; *Second*, a large portion of the light, in consequence of the obliquity of the sides of the cone, is reflected, and does not pass into the eye; *Third*, the increased convexity of this point, and its farther separation from the macula lutea, have the effect to bring the few transmitted rays to a focus, anterior to the retina.

The multiplication of objects, observed by some patients, is caused probably by irregularities or facettes upon the surface of the cornea, which act like those of a multiplying glass, in bringing a corresponding number of bundles of rays to a different focus, and thus giving rise to so many separate images, whose borders overlap and confuse each other. Sir David Brewster was the first to call attention to the manner of detecting these inequalities or facettes, by means of a simple experiment. He tried it, first, with one of Mr. Wardrop's patients, who, when looking at a candle, saw it multiplied five or six times, and all the images indistinct. The cornea projected in a high degree, and had a conical shape, but no irregularities could be discovered on its surface, by means of the naked eye. "He (Mr. Brewster) was led to believe that the broken and indistinct images which appeared to encircle luminous objects, arose from eminences on the cornea, which could not be detected by a lateral view of the eye, but might be rendered visible by the changes which they would produce upon the image of a luminous object traversing the surface of the cornea. He therefore held a candle at the distance of fifteen inches from the cornea, and keeping his eye in the direction

of the reflected rays, observed the variations in the size and form of the image of the candle. The reflected image regularly decreased when it passed over the most convex parts of the cornea; but when it came to the part nearest the nose, it alternately contracted and expanded, and suffered such derangements as to indicate the presence of a number of spherical eminences and depressions, which sufficiently accounted for the broken and multiplied images of luminous objects." (Mackenzie's Treatise on the Eye, page 657).

In a considerable number of cases of conical cornea, examined by Mr. Brewster, subsequently, in the same way, he detected similar irregularities. Other observers, however, have not been equally successful in discovering this unevenness of the surface of the cornea, so frequently; but that it does sometimes exist, and gives rise to the multiplication of objects, there can be no doubt. In my patient, I did not try the experiment, because she does not complain of the phenomenon of double or multiple vision. It is well known that narrow strips of opacity of the cornea—or even of the lens—which traverse that part that corresponds to the pupil, and thus divide that opening into two or more smaller ones—gives rise to the same double or multiple vision with one eye. This may be the case in some cases of keratoconus. The depth of the anterior chamber in conical cornea, is increased in proportion to the extent to which the cone projects. In exaggerated instances, the distance from the center of the conical elevation to the middle of the pupil, may be double, or even three times as great, as in the healthy condition, amounting to *two and one-half, or even three lines*. The iris and lens seem to retain their normal situation, while the cornea is protruded forward, and the increased space occupied by the anterior of the chamber, filled out by an additional secretion of aqueous humor. This conical transformation of the cornea, and the necessary augmentation of the anterior chamber, is all that is essential to the disease. All the other parts of the eye may be, and generally are, perfectly healthy. Keratoconus is, however, sometimes associated with cataract, strabismus, amaurosis, and other affections; but these are mere accidental complications. They form no integral part of the affection under consideration.

True conical cornea is a very rare disease, and when I hear medical men, of even limited experience in ophthalmic medicine, talk about having seen it *frequently*, I at once doubt their diagnostic acumen. In an attendance of several years at a number of the largest eye-clinics in Europe, I did not meet with a single case. The first and only one I have seen, is that reported in a previous article. Himly, who described the disease very minutely, and honored it with the learned appellation of *Hyperkeratosis*, never saw an example of it.

Keratoconus occurs by far most frequently in young persons, before or at the age of puberty. In my patient, it was first observed in the tenth year. In the case translated from Prof. Arlt's work, it must have commenced at about the same age; while Heyfelder's began when the child was only two years old. Ammon asserts that he has seen the disease in several sisters, as a congenital and hereditary affection. It is met with, also, much oftener in women than in men. The disease sometimes attacks only one eye, but, more commonly, both are implicated, either simultaneously, or consecutively. In the latter case, it may have existed a long time, and attained a high degree in one organ, before the second is invaded.

The *progress* of the morbid transformation is decidedly chronic. Many years elapse before it has advanced to such an extent as to be readily detected, and to interfere seriously with the function of vision. After having reached a certain degree of development, it has a tendency to become stationary, and may remain so for the rest of life. In the young lady whose case I have so often alluded to, the shape of the eyes and the power of vision have remained about the same for some ten years.

The *duration* of this disease depends usually upon the *age* at which it *commences*, and that at which the patient *dies*. Hence it may vary from a few months or years, to a long lifetime. As I have said before, the march of the affection is extremely slow, and it at length becomes stationary and remains so till the patients succumb to some other malady.

Mr. Walton, in his "*Operative Ophthalmic Surgery*," remarks, "that the slowness of its progress is striking, especially if *bursting of the cornea* be regarded as the necessary termination, for

that may not happen in a long life, even when the disease commences in youth; yet I have *more than once known it to occur before the fortieth year.*" I have italicised the last part of this sentence, because Prof. Arlt says that "*spontaneous bursting of the cornea has never been observed as a termination of keratoconus.*" Stellwag Von Carion, in his "*Ophthalmologie,*" makes the same unqualified assertion, and explains the reason why it does not occur, by supposing that the compression exercised upon the globe of the eye, by the muscles, is diminished in consequence of the ocular change of figure. Mackenzie says, "In a case, however, which I saw, I was led to believe that an *accidental giving way* of the cornea was followed by a considerable improvement. The patient was a young lady who, several years after consulting me, suddenly, on stooping, felt as if her eye were giving way, and immediately the cornea was observed to present a milky appearance. This was gradually removed, and the form of the cornea became nearly natural." But from this language, it is not at all certain that *he himself actually saw* the eye immediately after the *supposed giving way* of the cornea. On the contrary, the reverse is rather to be inferred from his saying "*several years after consulting me,*" and "*the cornea was observed to present a milky appearance.*" If it is a mere conjecture of his, based upon the statement of the patient and her friends, that the cornea had ruptured, the case possesses no value whatever. The remark of Walton, also, that he has "*more than once known it to occur,*" lacks the accuracy which should characterize the report of a scientific observer. Such cases have certainly *not very often* fallen to his lot, and it would have been much more satisfactory to the reader if he had stated how many times he has seen it, and given some items in regard to the cases. One instance faithfully reported, so that we can form our own opinion of it, is worth a thousand "*more than once,*" "*frequently,*" and all such indefinite expressions thrown in, as is too often the case with men who *write books*, to make a *show of experience*. Examples of bursting of the cornea in keratoconus, from *mechanical injury*, are not so rare. Mr. Wardrop gives a case where the cornea was ruptured by a blow. He attributes the laceration very justly to the thinness of the cornea at the apex of the cone.

The development of conical cornea is generally not preceded or accompanied by any pain, redness or other symptoms of inflammation. The only inconvenience felt by the patient is impairment of vision. The three cases which I have reported, confirm this statement. My patient and her parents assert, most positively, that her eyes have never been red or painful at any time, and the same is true of that given by Arlt. If we abstract those cases of partial bulging of the cornea after the healing of a keratocele, and which assumes, sometimes, a somewhat conical shape, but in which there is always *adhesion* of the iris to the cornea, at the seat of the cicatrix, and *diminution of the anterior aqueous chamber* (and this is nothing more nor less than partial staphyloma), and the increase of convexity of the whole organ, which often follows corneitis and panmes, in consequence of the inflammatory softening and relaxation of its tissue, it may safely be asserted that the disease can not be attributed to any direct appreciable cause. Mr. Walton says, "I have not been able to satisfy myself of any immediate preceding influence in any instance of genuine conical cornea, in which there is nothing but the transparent central cone." Mr. Arlt denies the inflammatory origin of keratoconus, and thinks that those authors who advocate this theory have fallen into the error by confounding the two classes of cases above-mentioned (*i. e.*, those in which the convexity of the cornea is altered, or rather increased, as a consequence of preceding keratocele and corneitis), with genuine conical cornea.

Mackenzie remarks that the affection is in general unattended by inflammation, but he has known it preceded, for some time, by headache and pain in the eye. He has seen it also accompanied by "scrofulo-catarrrhal ophthalmia," specks of the cornea, and pterygium. He has known it to arise from keratitis, but when this is the case, he remarks, very justly, that "the cone embraces the whole of the cornea, the form is that of a sugar-loaf, somewhat as in Demour's figure, and the apex is rounded, not pointed. When not preceded by corneitis, the cone is *more acute*, does not affect the whole extent of the cornea, and tends often to one or other portion of its margin." This quotation shows that he recognized a wide difference in the appearance of



the projection, according as it is preceded by the corneitis or not. Why not then exclude the former class of cases from the head of keratoconus altogether? Much confusion and unnecessary discussion would be thus avoided.

Many other authors go still farther than Mackenzie, and contend that keratoconus is *always* a consequence of corneitis. Dr. Jacob, of Dublin, a zealous advocate of this doctrine, reasons in this way, that the corneitis and consequent conical transformation occur in childhood. After the inflammation has subsided, and the opacity of the cornea disappeared, no trace of the disease remains, except the conical condition, which passes unnoticed till the child is put to school or to some work that requires fine sight. The child then complains of dimness of vision, and a physician is called, who detects the transparent cone, and concludes, naturally enough, that the disease has lately occurred. These are plausible *speculations*, but that is all. Without the basis of actual observation, they are, like all other mere opinions, worth absolutely nothing. Dr. Jacob, however, affirms that he has "seen the cornea become opaque from corneitis, then conical, and finally perfectly transparent, retaining its conical form." That relaxation and subsequent protrusion of the cornea in a more or less conical form may result from inflammation of that organ, no one doubts; but there is a wide difference between the appearance of the cornea in that case and in those of genuine keratoconus, and we are by no means justified in asserting that the latter disease is invariably the result of the inflammatory process.

Dr. Stellwag argues the question of the inflammatory origin of conical cornea, still more ingeniously. All authors are agreed that the essential condition to the formation of a keratoconus, is a *diminished power of resistance in a part of the cornea*. But the great point to be decided, is—*what is the cause of this diminished resistance?* Stellwag contends that inflammation is by far the most common, if not the exclusive cause of this relaxation. After laboring the point, which no one denies, that inflammation with or without ulceration, weakens the resisting power of the cornea, and hence leads to the protrusion of that organ, in part, or in totality, he goes on to elucidate the pathology of those

cases which come on without any opacity or other symptom of keratitis, either ancient or recent. How often do we see those superficial ulcerations of the cornea, which characterize *phlyctenular corneitis*, heal, especially in children, without leaving behind the slightest opacity or other trace of their existence? The epithelial layer is first formed over the ulcer, and, subsequently, the depression, caused by the loss of substance, is filled out by the re-production of the corneal tissue. After this process is ended, nothing visible remains behind, but it is probable that, at this point, the power of resistance is comparatively reduced; in other words, it will yield more readily than any other part of the organ to the pressure from within. In this weakened condition, it may persist for many years, still able to withstand the ordinary forces that compress the globe of the eye, till finally, under the influence of some accidental cause, which increases the pressure upon the posterior surface of the cornea in a high degree, such as severe coughing, vomiting, crying, etc., which produce a temporary congestion of the interior of the eye, and at the same time, excite a spasmodic contraction of the muscles of the globe, it gradually yields and the conical elevation is produced. As no pain, redness, or opacity is present, and the patient affirms, either from forgetfulness or from not having observed it, that his eyes have never been sore, it is concluded that inflammation can not be the original cause of the difficulty. It is even possible that the ulceration of the cornea, which laid the foundation for subsequent mischief, may have occurred during the sojourn of the *fœtus in utero*. It is in this way that he explains *congenital keratoconus*. This explanation accords with the fact alleged by Stellwag, Arlt, Rosas, and other German ophthalmologists, that conical cornea is seen much oftener in *feeble, scrofulous* individuals than in any others, and such persons are exactly those that are extremely subject to phlyctenular keratitis.

In case the solution of the difficulty should be unsatisfactory, this ingenious writer has given us another, equally plausible, and and equally unsupported by anything but theoretical notions. A keratitis may leave behind no trace, except a very slight bulging of the cornea, and that so slight as not to be appreciable to the naked eye. Its only effect upon the vision of the patient, is a

slight degree of short-sightedness, which is considered as ordinary myopia. This incipient conical transformation may persist many years without increasing, till, finally, some exciting cause is added, such as straining of any kind, under the influence of which it begins to progress anew, and is fully developed. The resultants of the regular forces which compress the eyeball, act more powerfully on the point of the cornea that yields most, and hence, under that constant influence, the apex is pushed forward and the cone fully formed. In this way, he says, conical cornea may appear in an eye which previously *seemed* to be perfectly normal, except a slight myopia. These, as he well remarks, are nothing but conjectures, which admit of being *neither proved nor disproved by facts*, in the present state of our knowledge, upon this obscure subject.

Sichel takes the bold ground, that conical cornea is *invariably preceded by ulceration of the cornea*, which, he alleges, leaves an opacity that is *always to be seen*, if not by the naked eye, at least by means of a spy-glass!

But, in order to *descry this opacity in every instance*, an imagination of a high power, and the magic transforming force of a cherished, preconceived opinion, should be called in to the assistance of the magnifying-glass!! Other observers, equally as expert as M. Sichel, have seen cases where not the slightest opacity could be discovered.



#### ART. II.—*Aphonia from paralysis of the Muscles of the Larynx.*

By W. H. LAMME, Centreville, O.

WHEN this condition of the vocal apparatus exists, it is an extremely alarming symptom to the patient, as well as a very perplexing one to the physician; and if not relieved, is perhaps as great a calamity as could befall a mortal.

The obscurity of the pathology of this form of paralysis, and the fact that it is sometimes the forerunner of serious cephalic mischief, and also the unyielding nature of the disease, in many instances, render them highly interesting to the medical observer.

The following cases I have selected from my case-book, thinking they might be of sufficient interest to lay before your readers; which I will relate without comment, as they occurred to me at that time.

The first case occurred March, 1854, in a married lady, aged about thirty—previously healthy—not predisposed to nervous diseases. The affection came on without any premonitions of its approach, while engaged in her domestic duties. She made frequent and painful efforts to articulate, but without eliciting, she says, any sound. Becoming alarmed, she attempted to call her husband, who was a short distance from the house, but without succeeding. The symptoms not abating, I was consulted, the day following. I found complete aphonia to exist. She made several ineffectual efforts to address me, and from her manner and appearance I thought she was insane, till her condition was related to me by her husband. In prolonging her efforts to speak, her face would become turgid, and a sense of suffocation supervene. After composing herself, and making the attempt with deliberation, she would sometimes articulate part of a word, when her voice would be arrested, as with a spasm. On examining the fauces, I could discover no redness. She had had no previous hoarseness, nor had she suffered from cold. All the other functions of the body were carried on with seeming regularity. As no appreciable cause could be assigned for this state of things, I supposed it was a case where the nervous system was alone involved.

I did not adopt any of the specialties recommended by authors, but simply pursued a curclorative course. My principal internal remedy was tinct. ferri. chloridi, in large doses; with an external embrocation of ol. hemlock, tinct. camphora, to which was added a small portion of strychnine. This patient recovered completely, in about four weeks, and up to the present time has suffered no relapse or inconvenience.

The second case—also a female, married, aged about thirty, June, 1854—robust, healthy individual. The attack occurred while she was nursing a sick babe, that was under my care also. The paralysis came on but a short time before my arrival, and when I arrived, her friends were around her in amazement,

...

making every endeavor to elicit an answer from her ; but she could but shake her head. It is needless to enter into the details of this case, as it presented precisely the same set of symptoms that were observed in the first. The same course of treatment was followed up, with about the same results. She has not, up to the present date, had any further indications of the disease.

Two additional cases to the above, came under my observation, but I was not consulted in either of them. One is of some years standing, and the difficulty of articulation is still present, to some extent. I am not aware that this case ever was treated. The other case I lost sight of, but at last date was not relieved. I will simply observe, that I do not claim that the treatment instituted in the above cases, was the cause of their rapid recovery ; but I have given the cases as they occurred to me, and were treated at the time.

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ART. III.—*Clergymen and Physicians.* By JOHN T. PLUMMER, M. D., of Richmond, Ind.

Customs, however ancient, are always open to examination ; and in a country where men enjoy almost all the liberties that social life will bear, few practices, however long established, have escaped the scrutiny of the community.

But there is one usage, common, I suppose, throughout our country, which has not, to my knowledge, been yet commented upon publicly—however much it may have been contemplated, by some, with feelings of disapprobation.

I do not know that there is any closer relationship—any more natural ties—any more proper civil attraction, or attachment—between physicians and clergymen, than there is between physicians and lawyers, physicians and merchants, or any other class of men. Yet, somehow or other, there appears to be, among our clergymen, a prescriptive claim to our medical services, without remuneration.

Can any disinterested man see why they should not equally require of the grocer, his goods without cost ; of the lawyer, his services without fee ; of the gardener, his labor without reward ?

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Are clergymen a privileged class among us, that they should exact gratuities from any? Are they, themselves, willing to labor in their vocation, without the expectation of reward?

What the origin of this extraordinary custom was, it is not now necessary to inquire. Whether it began under some arbitrary government—in the dark ages—from a superstitious veneration for the clerical robe—or from some ulterior, sinister motive, on the part of the physician, it would not affect our present argument to know.

We find the practice almost universal, in our republican community; and the present inquiry is, Why should it exist?

Are the clergymen more needy than other classes of society? Shall the medical man, who may be toiling for his daily bread, render unremunerated service to the teacher of creeds, who may be in the annual receipt of his thousands for his labor, and be faring sumptuously every day?

Let those who officiate in the pulpit, speak out, and show the validity of their claim. Let the physician ponder the subject, aloof from the trammels of custom.

I do not embrace in this question, the physician who may esteem the theological labors of his clergyman as an equivalent for his medical attention to the family of that functionary. If the parties see proper to keep a "running account" of this character, I know not that any man has a right to obtrude himself, and, summing up the opposite columns, declare a balance in favor of the physician. If the parties are satisfied, let them traffic in their own way. But I have reference to the medical man who receives from the clerical profession, neither money for his purse, nor unction for his soul; who stands as far aloof from the so-called doctor of divinity, as from any other man in the community, with whom he has no trade.

I have friends among theologians, whom I esteem for their sincerity in their vocation—and I have had my full share of practice among them—but in no case have I ever deviated from the impartial rule of placing them on the same platform of favor with the rest of the community. If able, I have required the usual compensation for services rendered; if poor, I grant them the common immunities of poverty.

ART. IV.—*St. John's Hospital; Case of Elephantiasis Arabica, and Exophthalmia.* Reported by G. R. PATTON, M. D., Resident Physician.

Miss F—— H——, admitted May 8, 1855, under the care of Prof. Mendenhall; age, twenty-four; residence, Carthage, Ill.; constitution previously good; enjoyed perfect health until May, 1852. During the year following this date, suffered frequent attacks of intermittent fever, succeeded in June, 1853, by inflammatory rheumatism: during her convalescence, palpitation of the heart supervened. At the same time, her feet commenced swelling, without pain, but with a burning sensation of the surface; also, her eyes to protrude, without impairment of vision, though with pain, referable to the temples; and occasionally, slight inflammation of the eyes was experienced. The tumefaction had extended only as far as the ankles, in the time intervening from June, 1853, to February 1, 1855, since when it has progressed up the inferior extremities, their entire length—the limbs becoming augmented to twice their normal dimensions, and the skin and sub-cutaneous tissue, thickened, indurated, and tuberculate—presenting the peculiar appearance from which the name is derived. During the same period, a dry, harrassing cough, has been a constant symptom, and the eyes became more prominent; in short, an aggravation of all her previous symptoms.

Condition when admitted, extremely feeble; countenance anxious, and expressive of great suffering. Percussion gave largely increased dullness over the præcordial region; flatness over inferior half of the right side of the chest, posteriorly; resonance, superiorly. Left side clear at the upper fourth; the rest of that side decidedly flat. Respiration puerile over the upper portion of left lung, anteriorly, to the extent of an inch and a half below the clavicle; over the remainder of left lung, heard feebly. At superior half of right lung, anteriorly, respiration puerile; absent over the inferior half of the same side; puerile respiration over upper third of the right side, posteriorly, but entirely absent in the lower half; one-fourth of the left side, posteriorly, puerile; over the remaining portion, wanting. *Ægophony* distinctly heard over the inferior half of both sides of the thorax, particularly

the left. The sounds of the heart not well marked, but no other decided change; heard plainest at the junction of the cartilage of the third ribs with the sternum. Labors under a severe, dry cough; respiration hurried and frequent, thirty in the minute; pulse small, quick and feeble, one hundred and thirty-five in frequency; tongue moist, slightly furred; appetite none; bowels constipated; catamenia have been irregular in their occurrence for several years. The duration, also, of each menstrual period is generally prolonged, with dysmenorrhœa; the urine scanty and highly colored, with *ardor urinæ*: Nothing abnormal in the urine.

- R. Syr. ipecac, ʒj.  
Spir. æth. nitrici, ʒ ss.  
Ext. Hyoscyami, grs. xii. Mix.  
S. Shake, and take ʒj. every hour.

R. Water, acidulated with bi-tartrate of potassa, as a beverage.

May 9th.—Slept several hours during the night; cough somewhat relieved; bowels soluble; action of the heart not so frequent, and the sounds better marked. Continue medicine.

10th.—Rested very well all night; cough loose; expectorates freely; bowels evacuated thrice; tongue clean; pulse, one hundred and twenty-five; severe cephalalgia; also, slight pain in chest, produced by coughing.

12th.—Since last report, but little repose; inclination to sleep, though prevented by incessant coughing; pain in eyes, this morning; headache continues; bowels freely open; dejections large and watery; no increase in urine; pain in chest subsided; slight hæmoptysis.

- R. Tinct. digitalis, gtt. x.  
S. To be taken with mixture, three times a day.

- R. Iodine, grs. xij.  
Potassa Hyd., ʒiv.  
Aq. distill., ʒiv. Mix.  
S. To be applied to the limbs twice, daily.  
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16th.—Sleep was not interrupted during the night; countenance has lost in a great degree its expression of anxiety; coughs but little; bowels soluble; stools natural; tongue clean; appetite tolerably good; pain in the head gone; pulse ninety-six; urine increasing; ardor urinæ relieved.

R. Hyd. Pot., 3 iss.

Aq. distill., 3 iv. Mix.

S. To take 3j. thrice, daily.

19th.—Regaining strength rapidly; able to leave her room; urine has increased to 3 xxxiv; contains urate of ammonia, colored by purpurine; increased the iodide of potassium to grs. v, thrice daily.

25th.—Improvement has been most signal, since our last report. Number of respirations but little more frequent than natural; respiratory murmur heard considerably lower down on the left side than when she came into the hospital. No benefit derived from the local application: discontinue iodide of potassium, and continue other treatment.

May 5th.—No pain; coughs very little; pulse ninety-eight; tongue clean; appetite tolerable.

12th.—Free from pain; cough entirely relieved; rests well at night; pulse ninety-four; appetite good; tongue clean; bowels regular. Left the hospital to-day, very greatly improved.

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ART. V.—*Progress of Physiology.* Translations from German Periodicals, for the "Cincinnati Medical Observer." By W. KRAUSE, M. D., Cincinnati.

RUSSIA.—Owsjannikow, of Dorpat, has written an inaugural dissertation on the microscopical structure of the spinal marrow. The most important point laid down in it, is the union of motory and sensitive nervous fibers in the spinal marrow of fishes, in one ganglionic cellule, from which cellule a single fiber ascends to the brain. Hence, should this observation be affirmed with regard to men, it will follow that this single fiber transmits the

centripetal sensation, as well as the centrifugal impulse of volition, between the brain and the medulla spinalis. It is hardly necessary to mention, how simple the mechanism of reflex action may be explained hereafter. Koelliker's scepticism, in denying the author's right to draw inferences from his observations on fishes, with respect to animals of a higher order, seems to be unfounded, as R. Wagner, of Göttingen, had previously been led to presume a similar anatomical bearing with men, by his observations on the spinal marrow of men and other mammalia. The principles of the function of the centers of the nervous system being, moreover, the same in men and fishes, there is but little reason to doubt of a similar anatomical arrangement in their nervous centers.

FRANCE.—The following are the results of E. Foltz's observations and experiments on the cerebro-spinal fluid:

1. The brain, when taken out of the calvaria, weighs about 131 grms. It is by five times lighter, when being suspended in the cerebro-spinal fluid. This accounts for the want of pressure of the brain on those parts situated at the base of the skull. The fluid, therefore, acts like a suspensory ligament.

2. The cerebro-spinal fluid diminishes, to a great extent, the violence of mechanical injuries, that might disturb the function of the nervous system, such as walking, jumping, falling, etc.

3. It regulates the circulation within the skull and the vertebral column. The anatomical properties of the cerebral vessels, favoring the arterial circulation, but predisposing to venous congestion, the cerebro-spinal fluid prevents an abnormal distension of the walls of the veins, while favoring, at the same time, the venous circulation, by imparting to the veins the lateral pressure of the arterial circulation.

(These propositions are sustained by ingenious experiments on dead subjects and live animals).

GERMANY.—Dr. Cöhen, of Brèslaw, mentions two cases, in which the facial nerve was found destroyed by tubercular caries of the petrous bone. There was not the slightest sensation of taste, in either case, on the corresponding half of the tongue. Both patients enjoyed there only quite indistinct feelings of touch.

As the other lingual nerves were ascertained to be free from any disease, it must be admitted that the chorda tympani takes an essential part in the gustatory sensation, (Cl. Bernard), however difficult the explanation of this fact may be.

Dr. Cöhen further denies Marshall Hall's assertion, that in cases of paralysis, depending on a disease of the brain, the muscular irritability is always increased. Nor are spinal paralyses always distinguished by a diminution of irritability of the paralyzed muscles.

E. Bruecke ascribed, at a meeting of the medical academy of Vienna, the power of expanding the ventricles of the heart, after their contraction is finished, to the coronary arteries of the heart. Their entrance being within the sinusses valsalvæ, it is closed during the systole. The blood rushes, however, into the coronary arteries as soon as the muscles of the ventricles begin to relax, dilating these at the same time, to their utmost capacity, and stiffening and elongating the papillary muscles, so as exactly to adapt the auriculo-ventricular valves to each other, when the ventricles of the heart begin to contract. As the auricles of the heart are supplied only with small arterial branches, and as the force of their circulation is broken by the muscoli pertinati, they can not be dilated by this same force. The celebrated physiologist made the following experiment, in proof his assertion :

A long cylinder of glass was fastened to the arcus aortæ of a heart, previously taken out of a human subject. The right auricle, as well as the orifice of the coronary vein, being laid open by the knife, the aforesaid cylinder was held in a vertical direction, so as freely to suspend the heart. Then water, being poured into the cylinder, closes the semilunar valves of the aorta, and escapes through the coronary arteries, capillaries, and coronary vein, into the right auricle, gradually dilating, at the same time, the ventricles, as is distinctly seen through the auriculo-ventricular foramen on the right ventricle, which presents a large cavity, collapsing again, when the water ceases to flow.

Luschka, of Tübingen, evinced the articular nature of the symphysis sacro-iliaca :

1. There are in it free cartilaginous surfaces.

2. A synovial membrane.
3. An articular cavity.
4. Accessory ligaments.

It is, therefore, possessed of all parts distinguishing a real joint. Its synovia is found augmented in pregnancy, the fibrous-cartilages softer and more succulent. Mobility is thereby increased, however, but imperceptibly. In aged persons the cartilages often undergo fatty degeneration, and, the surface of the bones being denuded, *anokylosis ossea* is the most frequent result.

Dr. C. O. Weber makes, in the *Deutsche Klinik*, (pp. 2, 3, 4, 1855), the following remarks on Pirogoff's method of exarticulation of the foot; an account of which appeared in the last number of this journal:

Up to the present time, eight cases have been reported, in which the foot was exarticulated according to Pirogoff's method. In the case of Hoppe, (Med. Briefe, Heft 6), first union took place nearly throughout the wound. In the other cases, the process of healing was, in the main, finished after six or eight weeks, but obstinate fistulous passages remained. These fistulæ, which either depend on suppuration of the sheathes of the tendons, or on caries of the bones, are almost ever met with after exarticulation, unless it be performed for recent traumatical injuries; nor does Syme's, Chopart's, or Lisfranc's method form an exception thereto. Further, the process of the os-calcis did not only not mortify, as might be presumed, in the eight cases on record, but had united, long before the wound of the skin had closed.

There are, however, two points in Pirogoff's method, which must be held subject to further investigation:

1. Whether the calcar process is, as a rule, not involved in the caries of the tarsal bones.
2. Whether the assertion of Ross is correct, that the stump encumbers the patient in walking.

Dr. Weber had opportunities satisfactorily to convince himself, by the careful examination of anatomical preparations from different collections, that the process ossis calcis is commonly free from the disease. Should, however, this process be found out

during the operation to be involved, then it may still be removed by the surgeon, so as to finish the operation according to Syme's method. There is no doubt of the usefulness of the limb, after Syme's operation, but the limb is usually shortened by three inches, while after Pirogoff's operation, the shortening does not amount to more than three-fourths of an inch, and the stump is fairly round.

Finally, the author calls attention to the fact that, generally, some difficulty is experienced in bringing up the posterior flap so as fully to adapt the surfaces of the bones to each other. The doctor found himself obliged, after having divided to some extent without success, Achilles' tendon, subsequently to saw off a wedge shaped portion of the os calcis, (Schuh). Pirogoff and Guenther recommend, therefore, to pass the saw at once through this bone, in an oblique direction. But, as this also does not sufficiently prevent the distension of Achilles' tendon, it will prove better to saw off both the tibia and the os calcis, under an obtuse angle, the division of Achilles' tendon always being resorted to as a means of more than doubtful expediency.

Though I do not intend at all to detract from Dr. Reid's merit, in having based the method of manual reposition of the dislocated thigh on scientific principles, by experiments on dead subjects, and to have illustrated it by the correct report of clinical cases, yet justice requires to say, that many years previous to Reid's communications to the Medical Society of New York in February, 1852, dislocated thighs have been reduced, more than once by mere manipulation, in cases even where pullies, etc., had proved ineffectual. In case of dislocation upon the os ilium, Wattmann, Kluge, Rust, Calford, Colombat, and others, succeeded in reducing the dislocated extremity, by abducting and rotating the thigh, after it had been disengaged by flexion. Fischer, at Cologne, was in the habit of practicing just the same method, as that recommended by Reid, in the year of 1849, and this same surgeon also accounted for the reasons which led him to adopt it. It is, therefore, Fischer who may justly claim the right of priority for himself.

## CLINICAL LECTURES.

ART. VI.—*Clinical Lectures at St. John's Hotel for Invalids—  
Malignant Tumor of the Scalp.* By Prof. J. P. JUDKINS, one  
of the Attending Surgeons.

CINCINNATI, Jan. 5, 1856.

MR. R., aged thirty-eight, well formed, good muscular development, skin sallow, has been residing for some time in a malarious district and has had several attacks of intermittent fever. He says, that about one year ago, he suffered severely from a pain which extended from the side of his face to the vertex of his head. This, I presume, was neuralgia fascialis. A short time after this pain was felt, he detected one or two small lumps in the scalp, near the median line, and about one inch and a half anterior to the the lambdoidal suture. These lumps continued to grow, and became troublesome from their size. Various applications have been made to them, but without any good result.

The tumor has rapidly increased in volume during the past few months—so much so, as to occupy about one-fifth of the whole scalp. It was more vascular—presented several prominent and elastic points; upon two of these points, superficial ulcers were seen, discharging a thin, ichorous, offensive fluid. A large portion of the tumor was immovably fixed to the bones of the head. The whole aspect was not unlike encephaloid cancer, but no engorgement of the neighboring lymphatic ganglia could be detected.

This was his condition, some two weeks ago, when he first presented himself before you. At that time, he was desirous to return home, to transact some business, before submitting his case to surgical treatment. During his absence, he was advised to use a preparation of iron, and bitter infusion, and to employ soothing applications to the part affected.

You now perceive that, since he left, a very marked change has taken place in the tumor. The whole mass is more vascular; inflammation has been active, with ulceration, and even gangrene; a mass nearly as large as a walnut has sloughed, leaving

a cup-shaped cavity, extending down to the bone; the edges of the ulcer are thick and everted; the discharge is tinged with blood, and highly offensive; a large portion of the tumor is firmly adherent to the bone; while the surface, which still remains intact, is more knobulated. None of the neighboring lymphatic ganglia appear to be affected. His skin has a dull sallow, earthy hue; but, be it remembered, that even now he is laboring under an irregular form of intermittent fever.

Now, what is the nature of this tumor? and what chance of cure has he from an operation?

*Did it commence as a simple steatoma, and from it degenerate into this cancerous looking mass?* We know that this form of simple tumor is prone to take an inflammatory action, and may assume the form of an eating ulcer, invading the contiguous soft parts, and even the bones, of the head. There are some men, in high places, who believe in its primitive or secondary cancerous nature.

The distinguished French surgeon, M. Nelaton, in speaking on the differential diagnosis of lipoma and steatoma, says: "Let it be said at once, that steatoma is an encephaloid cancer, consequently these two affections which have been so long regarded as two periods of the same disease, are two diseases, essentially different." M. Nelaton does not recognize the distinction, made by some writers, between cancer and cancrroid affections; otherwise, he would have specified the last, whose pathological structure is said to be formed by the hyptrophy of the normal elements of the part affected; for steatoma is produced by the hypertrophy of one or more sebaceous follicles, which, as has been stated, may inflame, ulcerate, and present the appearance of an epithelial cancer.

With such a tendency to malignancy, in simple steatoma, would it not be good practice to remove, at an early period, all wens of this character?

*Does this tumor belong to the class of true cancer?* True cancer of the skin is but seldom seen upon the scalp; it is most frequently met with upon the lips, wing of the nose, penis, and external parts of the vulva. Of twenty cases, recorded by Lebert, not one occurred upon the scalp; they all presented a mixed character, between schirrhous and encephaloid, but the last tissue

predominated. In several of these cases, melanotic matter was manifest; which, Mr. L. says, he has never seen in cancrroid, or epithelial cancer of the skin.

True cancer of the skin generally begins in a little nodule, deeply seated in the dermis; this grows slowly; there is often a little induration surrounding the tumor, which is said to be caused by the infiltration of cancerous juice. At first, the color is either unchanged, or of a light red; but when it contains melanotic matter, it assumes a gray, slaty hue, or nearly black, and it is softer.

A number of small nodules or little tumors often appear in the vicinity, and, although they may not be larger than the head of a pin, yet upon analysis, they are found to possess exactly the same histological and microscopical elements of the older and larger tumor which preceded them.

During the first part of its development, no pain is experienced, unless the tumor is of a schirrous hardness, and presses upon a filament of some sensory nerve. As it grows, however, it becomes more sensitive; the pain may be very severe, lancinating. It tends to inflammation and ulceration. When the ulcer is formed, its bottom is unequal, irregular, and covered by pus and false membrane, liable to bleed freely; the neighboring lymphatic ganglia become engorged with cancerous matter; the whole economy becomes deranged; and all the signs of cancerous cachexia become apparent. The autopsy of such cases shows depots of cancerous matter in the substance of remote and internal organs. Cachexia has been seen in cases where no exhausting discharges had occurred. The cause assigned is, the admixture of cancerous matter with the blood. The prognosis of true cancer is always very grave; if removed, it will inevitably return.

Although the case before us presents many suspicious symptoms, still we can not believe that it strictly belongs to this grave class.

*Is it a case of epithelial cancer?* The cancrroid of Lebert, which comprehends all those affections, usually described as *cancerous-warts*, chimney-sweepers' cancer, chancreous ulcers of the face, noli me tangere, etc. Lebert says, that this disease may appear upon



any part of the skin, or superficial mucus membranes. Upon the last, it is most frequently seen upon the cervix-uteri, tongue, and anus: but M. Paget gives it a much more extended range.

Lebert, and other learned microscopists and pathologists, make a broad distinction between this disease and that of the true cancer. According to them, epithelial cancer is only an augmentation or a hypertrophy of the normal elements of the part involved; while, in true cancer, there is a veritable substitution of heterologous or abnormal matter for the normal tissue; that the first extends its limits through the media of its anatomical relations, and *not* by the circulation, as does the latter.

One of the most characteristic microscopical features of cancrroid tissue, are the little balls of compact epidermic scales, called epidermic globes. Lebert claims that they are peculiar to this tissue, and are not found elsewhere; but Paget and Barendsprung have seen them in epidermic and sebaceous cysts and in myeloid tumors.

Another statement, made by Lebert if true, is of the highest clinical value. He says, that the melanotic matter is never found in epithelial cancer. Should this become an established fact in pathology, it will be great assistance in diagnosis.

Although there are some well-marked differences between epithelial cancer and those of the schirrhous and medullary varieties, still their points of analogy are no less striking. Clinical observation alone, is capable of detecting them. We have sufficient reason for calling into question the visual infallibility of the microscope, which is claimed by many of its advocates, in diagnosing cancer. In June, 1852, M. Nelaton removed a malignant-looking tumor from the upper lip of an aged man. Portions of this tumor were sent to two of the most celebrated microscopists of the age—M. Lebert and M. Robin. One of these gentlemen said, "it was entirely filled by cancer cells, the best characterized; it was a cancer type;" the other said, "there are no cancer cells in it; they are fibro-plastic; it is an epithelial cancer, the best characterized."

With such discrepancy of opinion, among men of this class, we are compelled to content ourselves with clinical observation—the antecedents of the case—the history of his family—the peculiar

aspect of the disease, and its mode and phases of development, in order to form a rational diagnosis, when, probably in many cases, an absolute diagnosis is impossible.

Returning to our patient, let me say that epithelial cancer is but seldom seen upon the scalp. Of eighty-one cases, mentioned by Lebert, not one was seated upon the scalp; and M. Paget, in all his observation, has met with but one case.

This form of cancer is most liable to occur in advanced life—generally between the fortieth and sixtieth year.

The attention of the patient is often called to the part before any local disease is apparent. Of thirty-four given cases nineteen were aware of some previous morbid condition of the part affected. “A much larger proportion,” says Mr. Page, “than is found among patients laboring under tumors of any other kind, except melanoid cancer.”

Lymphatic ganglia are less frequently affected in this, than in other varieties of cancer, and even Lebert acknowledges that the nearest ganglia may become affected, but an internal or remote organ never. He explains its appearance in the ganglion by the fact that epithelial cells are found there, which may readily become affected. But are not epithelial cells found in every part of the body? His explanation is lame and unsatisfactory, when he denies that the disease is ever transmitted by the circulation.

Again, it is a well-established fact, that internal organs do not enjoy an absolute immunity from epithelial cancer, for in the small number of seven cases, carefully examined by Mr. Paget, he found the cancerous deposit in the heart, in one case, and in the lungs in two cases.

Taking all the facts which have been presented into consideration, we are inclined to believe, with Mr. Paget, that “epithelial cancer differs from the other varieties of cancer, only in degree, not in kind. It appears to depend more upon local condition, yet its tendency is to destroy life; but less actively than other forms of cancer.

Mr. P. says, that the interstitial formation structure, like the epithelium, is not an imitation of the natural tissues, but is in conformity with cancer. That the appearance of hormology, when the disease is near the surface of the skin, is lost, when

deeply seated in the dermis, or lymphatic ganglia. That the interstitial cells are often seen to deviate in aspect from the normal cells. The pathology of this form of cancer resembles much that of schirrhous or encephaloid, for it is prone to incurable ulceration, and to repeated recurrence after removal, and, what is more characteristic, sometimes the lymphatic ganglia, and even remote internal organs. They may invade any tissue whatever, and is peculiarly liable to affect members of families, in which schirrhous and other forms of cancer have prevailed."

The average duration of life, in persons affected with epithelial cancer, is estimated at forty-four months; this may be prolonged a little by extirpation. In some cases, where the operation has been early performed an apparent cure has been effected. The case mentioned, where the disease was seated upon the scalp, after it had existed for eighteen months, it was removed; in six months it reappeared, and was again removed, and for the ensuing eighteen months no sign of its recurrence was apparent. The case was then lost sight of.

The disease, in the case before us, I am strongly inclined to believe, commenced as steatoma; now it presents several unpromising appearances; it occupies a large surface; the bones of the skull have become involved; the universal palor of the skin may possibly be caused by cancerous cachexia; yet, be it remembered, that our patient has for a long time inhabited a malarious district, and is even now laboring under an irregular form of intermittent fever; this sallow hue may be owing to this fact; at all events, we will have the benefit of the doubt.

The disease is rapidly extending; from the fœtor and hemorrhage, it is hourly becoming more loathesome and alarming. There is no engorgement which can be detected, in the neighboring lymphatic ganglia; and, from a very careful exploration with a small silver style, carried through every part of the tumor, in no part is there a complete solution of continuity of the bone.

Hence, I think, an operation is warranted; by it he will be relieved of much annoyance, and if its nature is either degenerated steatoma, or an epithelial cancer, we may succeed in prolonging his life, and possibly effect a cure.

As the scalp around the tumor is much more vascular than

usual, we may anticipate some troublesome hemorrhage, but this, in a great measure, can be controlled by assistants making pressure upon the arterial trunks upon the head.

The patient was placed under the influence of chloroform, and the tumor was removed by a rapid dissection; after securing the arteries, a careful search was made for any remaining morbid tissue; some was found adhering to the pericranium; on two spots, each about the size of a twenty-five cent piece, the bone was found to be denuded and spongy; all of this diseased structure was removed by the chissel.

The wound was dressed with dry-lint. After the second day, simple cerate was used.

January 16.—No untoward symptom has made its appearance; the large cavity is nearly full of healthy granulations, with the exception of two small points. Where the bone is still bare, a little exfoliation of bone will probably take place.

January 26.—Received a letter from Dr. Cassels, who has charge of Mr. R. since his return home; he writes that our patient is doing tolerably well; that the granulations appear healthy, except a few which are situated near the denuded bone; these he has touched with caustic.

Graunlations in the immediate vicinity of a part undergoing necrosis, may be modified, so as to assume an unhealthy appearance. Let us hope that such is the cause, and that no new fungoid tissue has appeared.

I will keep myself advised of the progress of this case, and if I learn any thing farther of interest, will impart it to you before the close of the session.



LARD NOT AN ANTIDOTE TO STRYCHNIA.—In our January No. we gave a paragraph, condensed from the *American Journal*, in which *lard* was represented as an antidote to strychnia. Subsequent experiments seem to contradict this statement—and show that there is no reliability upon the new antidote.

## REVIEWS AND NOTICES.

ART. VII.—*Transactions of Belmont Medical Society for 1855.*—Some notice of this energetic and flourishing medical association, is given in another part of this number. We learn that the regular physicians of Belmont county only number about forty strong, and yet, from this number, they keep up regular quarterly meetings of their association, and publish an annual volume of transactions that would be creditable to any association of medical men. What county of the more populous portions of our State, but might emulate the noble example of our Belmont county friends? These are the labors that make us a respected and influential profession: selfishness, misanthropy, bickerings among our brethren, lower us in the esteem of the world, and in no wise contribute to dollars or reputation. We shall take occasion to exhort our readers on this topic, from time to time, as we find occasion.

The Transactions before us have already received favorable notice from medical journals. They make up a snug volume of 172 pages, and comprise the following address, reports, essays and cases:

Dr. J. T. Updegraff's Inaugural Address, as President, on the Mutual Claims of the Public and the Medical Profession on each other; Dr. S. B. West's Address, as Vice President, on Our Profession; Glance at the Digestive Organs, by Dr. Cash; Vital Harmony, by Dr. Wright; Nature and Prevention of Phthisis Pulmonalis, by Dr. Affleck; Urate of Ammonia in Rheumatism, by Dr. E. Gaston; Disease of Antrum—a case—by Dr. H. West; Ascites Abdominalis, by Dr. McConahey; Report on Quackery, by Dr. Affleck; Report on Improvement in Medical Science, by Dr. Gaston; Obituary notice of Dr. Hewitson, and Address of Dr. McConahey; Obituary notice of Dr. W. N. Drake, and Memoir, by Dr. Updegraff; West's Reports of Births, Deaths, and Diseases, in his Practice for 1855.

Of the Belmont Medical Society we say, *Esto perpetua*—and to our readers elsewhere—go and do likewise. ‡

ART. VIII.—*A Manual of the Practice of Medicine*, by GEORGE HILARIO BARLOW, M. A. and M. D., Cantab.; Fellow of the Royal College of Physicians; Physician to Guy's Hospital; to the Magdalen Hospital; and to the Philanthropic Society, etc., etc.

The above is the title of a work, an American edition of which has lately been published by Messrs. Blanchard & Lea, Philadelphia. To these enterprising publishers, our Profession is largely indebted for many valuable works; and of the number, none do we welcome with more pleasure than the *Manual* of Dr. Barlow. We most emphatically commend it to the attention of the profession, as deserving their confidence—a depository of *practical* knowledge, from which they may draw with great benefit.

It is written in a plain, unostentatious, concise style, evincing a desire, on the part of the author, *to do good*, and not, as is too often the case with modern writers, *to make a book*.

“My object in the present work, (says the author), has been to lay before my professional brethren—more particularly students and younger practitioners—a system of medicine based on the etiology, or what I would venture to call, the natural history of disease.”

That Dr. Barlow has well accomplished the important object he had in view, will be readily seen by the attentive reader.

J. F. W.

For sale by Moore, Wiltach, Keys & Overend. Price, \$2.50.

ART. IX.—*An Introduction to Practical Pharmacy*, designed as a text-book for the student, and as a guide to the physician and pharmacist; with many formulas and prescriptions. By EDWARD PARISH, Graduate in Pharmacy, etc. Philadelphia: Blanchard & Lea, 1856.

We received this book a short time since, from the publishers. Although it is intended chiefly for the student of pharmacy, yet it will be found very useful to the student of medicine. The young physician will also find much that is useful to him. Medical students are very deficient in pharmacy, and will continue so to be, until a professorship of pharmacy is created in the schools. Very many are at great loss, in compounding their medicines. This book will give them valuable aid.

The book is well printed, and handsomely illustrated, and we can strongly recommend it. The want of space forbids us noticing in detail, several points of much interest. †

## EDITORIAL AND MISCELLANY.

## REGISTRATION LAW—SANITARY SURVEY AND REFORM.

It peculiarly belongs to all physicians who are worthy of the name, to assist in *preventing disease*, and promoting public Hygiene. It is true that the public may expect little of us, excepting in curing disease and diminishing suffering; but our office extends beyond these objects. From the earliest records of the world, we find, attention has been given to this subject by the wise and the good. The great Jewish lawgiver interwove directions for the public health into his code, that would do honor to modern times. We would be glad to impress the subject upon the minds of our legislators, that public health adds wealth to the State; and if its importance is not appreciated by them in any other view of the case, that this view of it appeals directly to their duties, as conservators of the property of the citizens for whom they legislate. We find that, just in proportion as civilization is advanced, wise sanitary regulations have always been adopted. Every fact pertaining to the health, lives, or condition of the people, should be carefully collected, so as to make an application of them, when sufficiently numerous.

A registration law, therefore, made as perfect as possible, must necessarily lay the foundation and furnish the facts for a sanitary survey and reform. This law should accomplish two important objects:

*First, "To preserve the name and afford the means of identifying the connections, and some facts concerning the personal history of every person who is born, marries, or dies in the community."*

*Second, "To determine how health, life and longevity are affected by age, sex, condition and occupation; by climate, season, and place of residence; and by diseases to which, under any circumstances, man may be subject."*

When information of this kind is collected, much may be known of the various causes of disease, which may be avoided, and thereby the public health greatly improved.

The information, placed upon record, would materially promote the interests of society in its civil relations. The legal rights of individuals would often be protected, in reference to rights of property, and a reliable basis constructed, upon which life insurance could be conducted with mutual fairness to the insured and the insurer.

It is to the profession of medicine that we are to look for the accomplishment, in a great degree, of these objects.

The subject has been broached in this State, by our late Secretary of State, Dr. Trevitt, who has made a commencement, practically, without any State law on the subject. Influence and knowledge should be brought to bear and made effective by physicians, on the representatives from their districts. The subject is one of vast importance. ◊

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THE OFFICE OF CORONER.

If there is any one office which is badly filled, and in consequence, its duties awkwardly and improperly performed, it is that of Coroner. We have had abundant evidence of this, in this city, and we doubt not, the same state of things has or does exist in the State generally. Until the election of Dr. Menzies, in this city, the coroner's office had been filled by men, not only very ignorant of the duties of the office, but ignorant and uncultivated in every thing else. If we had room, we could give our readers some very laughable, as well as lamentable accounts, of the doings of coroners in this city. Since, however, the election of our friend, Dr. Menzies, a great reform has been brought about. People have come to respect the officer, and to regard him as a very important functionary. The point in the law which needs changing, is the one opening the office to any body who chooses to apply for it. It should be filled, in all cases, by a good physician. We intend to do all we can with our delegates in the Legislature, to have the law changed, confining the office to our profession. This is the law in some of the States. As well might an ordinary, ignorant person, be placed on the bench, as in the office of coroner. Before the election of Dr. Menzies, it was a rare thing



for the coroner to order a *post mortem*. Every person knows the importance of these examinations, in the majority of cases. Few are able to enter into the medico-legal relations of the case, before a court and jury, who neglect the *post mortem*. Formerly, the coroners refused to order the *post mortem*, for the reason that it cost the county too much. Physicians refused to conduct the examination for a nominal fee, and on this account, the coroner thought it was too expensive. One even had the impudence to tell us, that we ought to be glad to have the opportunity to cut up a dead man, as we learned a great deal, which he thought was sufficient compensation.

In addition, we want the Legislature to name the fee we should receive for *post mortem* examinations. Formerly, five dollars only was paid, but at present, we believe, no one thinks of accepting of less than ten. Our worthy coroner has advanced it, in many cases, to twenty. The importance of *post mortem* examinations, in furthering the ends of justice, is too evident to require a word from us. Non-professional persons, acting as coroner, have a great dislike for these examinations, and do not comprehend their importance. We suppose it was owing to this fact, that every verdict given under a coroner who formerly held office in this city, read as follows: "Died by visitation of Providence."

We hope our friends will give some attention to this matter. The State is becoming thickly settled, and crime is on the increase. Let us demand our right—that the office of coroner shall be filled only by a physician. †

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#### SPECIALTIES.

A CORRESPONDENT, at Indianapolis, takes exception to the card of Dr. E. Williams, in the advertising sheet of this journal, and inquires if our article on *Quackery*, in the February number, "will have no application to him." We reply, that we see no similarity in the cases, view the matter with ever so critical an eye. We believe the strictest ethics of our profession in no wise question the propriety of a *specialty*, if conducted in a

legitimate way—that is, unless accompanied with the usual clap-traps of the empiric: and unless the *specialty* is used as a hobby to ride into notoriety—particularly, if the specialty is published in a regular medical journal. Our neighbor, Dr. Williams, has withdrawn from general practice, and devotes himself to eye surgery, exclusively; his card to that effect, is surely of the most modest, unassuming character. As *apropos* of this whole subject, we have taken up the January number of the *Boston Medical Journal*—certainly one of the most high toned journals in the country—and find on the first and second pages of the cover, that one medical gentleman, of honorable standing, is devoting “his attention more particularly to the diagnosis and treatment of the *diseases of women*,” that another “gives *special attention to diseases of the skin*,” and that a third “will devote himself to the diagnosis and treatment of *thoracic diseases*.” In the highest walks of the European profession, this distinction is especially marked. Thus, as every body knows, Ricord is life devoted to the special department of syphilis; while Mr. Wilde is one of the highest authorities in his *specialty* of diseases of the *eye and ear*. We say then, again, we see no impropriety—and our ethics so regards it—in specialties, conducted in a legitimate way; and we doubt not, that with a denser population to justify it, we shall see these specialties increase in our midst, to the mutual advantage of the profession and the people. †

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## BELMONT MEDICAL SOCIETY.

THIS is one of the most flourishing medical societies in the United States. At a late meeting, Dr. John G. Affleck was appointed as its correspondent with this journal, and from him we have received an interesting communication, portions of which we give below:

BRIDGEPORT, Feb. 7, 1856.

*Editors of the Medical Observer:*

The Belmont Medical Society holds quarterly meetings, which are generally well attended. There are in all about thirty members, composed of the best part of the profession in the county.

These meetings have had a fine effect in fraternizing the members and diffusing information.

The most important paper read to the society, at the January session, was Dr. Estep's report of the trial of Mrs. Henderson, for infanticide—a case that came before the Belmont Court of Common Pleas, during the last summer. The report embodies a great deal of medical testimony, and will, when published, occupy a conspicuous position in our forensic medicine.

Three cases of the births of monsters were reported. Dr. Weyers instanced that of a woman, who had thrown a dull hatchet at a cat, hitting it on the back of the neck, and producing a ragged wound. The incident affected the woman much, and in the fullness of time a child was born, with a contused wound on its neck, similar to that of the cat. At the time of the report, some months after the accouchment, the wound on the child was still open, with no evidence of healing. Dr. Wilson gave the particulars of a case of a child being born with a head resembling a snake; and your correspondent reported the case of a mother bringing forth one, whose head had all the characteristics of a monkey; its eyes being placed high on the os frontis, forehead retreating, and lower part of the face much protruded. The peculiarity of all the cases was, that the deformities followed the action of the mind—material effects from spiritual causes—a doctrine by no means in unison with the Sensualistic Philosophy. The question, how far the mind can influence the organization of the foetus, was debated by the society at considerable length, but with no satisfactory results. If there was any conclusion, it was the old orthodox one, that “secret things belong to the Lord.”

The suggestion, in your February number, of a N. A. Quarterly Review, meets my entire approbation. Indeed, I have often wondered why it has not become a reality, long ago. It would undoubtedly succeed, not only filling a chasm that all literary physicians would rejoice in, but, in a pecuniary point of view, would be attended with a handsome profit to the publishers. The experiment will undoubtedly be attended with success. Push along the project; and as Cincinnati is in a fair way of becoming the center of civilization for these United States, let it be issued from your own city. Yours, etc.,

J. G. AFFLECK.

## SULPHATE OF CINCHONIA.

WE notice in one of our exchanges an abstract of Dr. Welles' paper, of our first number, on sulphate cinchonia, in which it is stated, that in fifty-three cases out of fifty-seven of intermittent fever, this remedy was eminently successful; while, in four cases, the remedy was abandoned and quinine substituted with success. This is correct; but the report also states that these four cases **can** not be regarded as evidences of any great value, of the comparative merit of the two remedies, as the previous use of the cinchonia, in all probability, contributed to the cure, although quinine was used. It also asserts that the cinchonia was used in several cases with success (number not specified), in which quinine had previously been used without effecting the object for which it was given. Further, that a number of cases of intermittent were treated with quinine during the same period, and a comparison of the results would seem to indicate that the cinchonia was the less powerful, but might be substituted for the quinine in *somewhat* increased doses. Thus far, therefore, it seems to possess nearly or quite the same claims to confidence that quinine does, while, from its cheapness, it possesses an advantage. We can, therefore, recommend the cinchonia as a substitute with much confidence.

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## THE PATENT MEDICINE BILL.

MANY of our readers are no doubt aware that Dr. Jewett, of Summit county, has introduced into the lower house of the Legislature, a bill to regulate the sale of patent medicines in the State. If the Doctor is successful in getting his bill through, the occupation of a large class of persons who deal in patent medicines, will be much damaged. The bill provides that all patent medicines shall have a statement, in plain English, of the ingredients and quantities printed on each and every box, bottle, or package, offered for sale in the State, with a heavy penalty for its violation. Who is it that will not give his influence to

such a bill? Dr. Jewett needs the aid of the profession, or his bill may fail. The patent medicine dealers are opposing the bill with a strong influence.

A gentleman of this city, a member of the last legislature, assures us that several thousand dollars were expended by this class of gentry in defeating a similar bill proposed in the last legislature. They are at work again, knowing well that if the bill passes, they will be cut off from a rich harvest. We would suggest to all our friends to write to their representatives in the legislature, urging the passage of the bill. Let societies meet and pass resolutions, and forward them to Dr. Jewett. They will be of service to him. The Medico-Chirurgical Society of this city, at its last meeting, passed a preamble and resolution approving the bill, and ordered its secretary to forward them to Dr. J. We hope our friends throughout the State will stir themselves in this matter.

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*Budd, on Diseases of the Stomach*, has been received from the publishers, Messrs. Blanchard and Lea, but we have not had time to examine it.

*Elm Tents for the Dilatation of the Cervix Uteri*.—We have received a brief pamphlet of eight pages with this title, by Dr. HORATIO R. STORER, of Boston. The pamphlet is a re-print of the author's article on this subject, in a recent number of the *Boston Medical and Surgical Journal*.

*A Lecture Introductory to the Fourth Annual Course of the Miami Medical College, at Cincinnati, Oct. 15, 1855, by Prof. R. D. MUSSEY*, has been laid on our table. We heard the address, or lecture, upon its delivery, and are well pleased to see it published. The topic—"Alcohol in Health and Disease." The views of Prof. Mussey on the general question of the use of intoxicating beverages are well known—it is sufficient to say the present discourse is an able exposition of those views, presented in a clear and philosophical style.

*Exchanges*.—The *Western Lancet*, *Charleston Medical and Surgical Review*, *Scalpel*, *St. Louis Medical and Surgical Journal*, and *N. W. Medical and Surgical Journal*, have been received, in addition to exchanges acknowledged in our last.

MONTHLY CHAT.

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*Health of the City.*—The health of Cincinnati for several months past has been remarkably good. The city has been especially exempt from any epidemic of the exanthematous order—while, during the corresponding months of last year, small-pox was prevailing to a large extent. Thus far through the winter also we have had but little *thoracic disease* of any description. This general exemption of the city from any especial prevailing disease, is doubtless owing to the uniform, dry, bracing atmosphere, that has continued for such a length of time, and with so little change.

*Dr. Plummer's Article on Clergymen and Physicians.*—We invite particular attention to the article of Dr. Plummer, in this number. We have long been of the opinion that the independence, dignity, and self-respect of all parties would be promoted by the abolition of the custom of gratuitous service to clergymen. We would be glad to hear the views of others on this proposition.

*Correction.*—A mistake was made in the name of Dr. Taylor, of Carrollton, in the Report of the Transactions of the Montgomery County Medical Society, in our February number. It is given as E. TAYLOR, M. D., and should be JULIUS S. TAYLOR, M. D.

*Prices of Medical Books.*—Some of our correspondents have suggested that it would be a matter of convenience to country practitioners to have the prices of books noticed in the *Observer*, accompanying the notice. We shall hereafter observe this suggestion as far as possible.

*Postage on the Observer.*—As there has been some dispute on this point, we remark that the weight of this journal is only 3 ounces, and the postage to regular subscribers, pre-paid quarterly, is one-half cent per number—not so pre-paid, double that amount. Extra advertising matter may, in some instances, double this rate.

We have heard of postmasters, in some instances, charging as high as 5 cents on a single number of the *Observer*! Such tax is entirely unwarranted.

*Receipts—Numbers Miscarried, etc.*—We have thus far sent receipts for all payments made, in the *Observer* or by letter. Any mistakes or oversights in this matter, or the miscarriage of numbers, we hope will be promptly reported to us for correction.

— We sent out a very large number of our January issue, and to some extent of our February issue, as specimen numbers of our new enterprise. In some instances (comparatively much smaller than we had expected), those have been returned as an indication that the receiver did not wish to become a subscriber—but the mode of this return has, in fully half the instances, been of such a character as not to give any indication of the person returning them—thus, one or two have the name of the post-office only; some a name, but no post-office or State; others again no name, post-office, or any slightest clue to the person declining. In view of this difficulty, we are compelled to ask our friends to report themselves speedily as consistent; and especially such as have clubs in a state of partial or complete forwardness, please let us hear from you very soon. We again return our thanks for the very efficient efforts that have been made to insure our success, and the very hearty responses that we have received in abundance. Even gentlemen declining to patronize our journal, at present, have written to us almost a unanimous commendation and God-speed. These evidences of a favorable and kindly reception, at the hands of the profession, are received with gratitude by the conductors of *The Observer*, and will assuredly stimulate them to renewed exertions to make it the exponent of all that pertains to the reputation and advancement of our profession. In this connection, we take occasion to acknowledge the friendly notice that has been accorded to us by the leading medical journals of the country, and especially, the fraternal greeting of our neighbor of the *Lancet* is fully appreciated and reciprocated. It is not our intention to “jostle you,” friend Wood. We have also one word for the *Philadelphia Medical and Surgical Journal*. The *Observer* is not the “mouth-piece of the Miami Medical College.”

The connection of this journal with the Miami Medical College is an incidental one. It is not responsible for any medical school or clique; and no such school or clique is responsible for it. But for vindication of this position to Bro. Bryan, as to others nearer home, we patiently await the arbitrament of the future. †

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#### MONTHLY SUMMARY.

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*On the Relation between Puerperal Peritonitis and Erysipelas.*—In the January number of the *American Journal of the Medical Sciences*, we find two very interesting articles upon this subject. By condensing a little, we are able to give the essential parts of both; the first, by Dr. Leasure, of Newcastle, Pa., who relates several cases in full. We give but one, however, as it is the type and almost identical with the others:

On the 6th of August, in the absence of any other physician, I took charge of Mrs. —, in labor with her eighth child, of which she was delivered at one o'clock in the morning. The labor was natural, and not protracted at all; the child was a male and healthy, and at three o'clock I left her, feeling as comfortable as the case would admit. She continued to do well till eleven o'clock on the next night, when severe chills set in, being just twenty-two hours after delivery. They continued till morning, when I was called to visit her, and saw her just eight hours after the first chill. Fever had set in; pulse one hundred and twenty-six; great deal of intense pain in the uterus; no tumefaction in the abdomen; countenance anxious and haggard, with frequent frowns and earnest staring, as if at some strange object; lochia not suppressed, but dark and dirty looking; had a presentiment that she would die; tongue natural; constant thirst, and obstinate vomiting. I opened a large vein in the arm, intending to bleed *ad deliquium*, but the blood soon ceased to flow, and I did not obtain over half a pint. I tied up the arm, intending to open a vein in the other arm, but on inspecting the blood already drawn, I found it did not coagulate, and resembled some dirty mixture that looked like anything but blood. It had not even the color of blood. I deemed all efforts useless that looked toward a recovery, but gave full doses of opium to relieve the



agonizing pain in the uterine region ; but they gave no relief at all, till a short time before death, when, I presume, gangrene had done its work. The remaining history of the case would be but a repetition of the one already given. She died within thirty-six hours of the first chill. Her child died of *malignant erysipelas*, within a week ; and the old lady who washed and dressed her for the grave, took erysipelas within five days of the time she died, and was the most hideous case of that foul disease I ever met, although she finally recovered.

It is important, also, to remark, that Dr. Leasure had been in attendance upon cases of malignant erysipelas, previous to his attendance upon these cases of child-bed fever, and at the same time, with them. We give his concluding remarks, in full :

The question presented itself then to my mind, and many times since : Was it a coincidence that the only cases of child-bed fever which occurred in the neighborhood should occur in the practice of Dr. Wallace and myself, who were the only physicians in attendance upon cases of malignant erysipelas, and that our cases should occur, in every instance, where we attended a lying-in patient during our attendance upon the other disease ; and that every puerperal case should prove fatal, under precisely similar circumstances, and at about the same period of time ; and that the children should die of erysipelas, in two instances ; and the woman who dressed one of them for the grave, should also take malignant erysipelas, and that, too, where there were no other cases of erysipelas near, it being in the country, and the patients having no communication with other cases ; and that as soon as we, who attended upon cases of erysipelas, ceased to attend upon lying-in women, there should be no more cases of the malignant child-bed fever ?

In my own cases, it seemed probable that, notwithstanding all precautions of cleanliness, the disease might have been communicated to me, as I might, during the necessary manipulations, have introduced the erysipelalous virus into the vagina, where it became absorbed directly into the blood, and exerted its mischievous influence upon that vital fluid directly ; or, it might have poisoned the tissues of the uterus itself, inducing a malignant metritis—for, most certainly in my cases, the peritoneum did not seem to become involved in the disease, till near the fatal termination. Or it might have produced uterine phlebitis, and the inflammation have extended to the veins of the abdomen, and by so changing or modifying a considerable portion of the endangium, or “*membrana communis vasorum*,” the morbid appear-

ances presented by the blood drawn from the arm, and the lochia should result from the diseased membrane, and not have been a disease of the blood, *per se*.

However this may be, of one thing I think I may be assured, and that is, that the diseases in question produce and reproduce each other; in other words, my cases of child-bed fever were neither more nor less than cases of malignant erysipelas, fatally modified by the condition of the patients, and the manner of introducing the morbid poison.

I have been induced to report these cases, mainly because I had been taught to believe that child-bed fever was always "a true inflammation," and the only hope of safety lay in blood-letting. I had proved the truth, as I thought, of this theory, and verified the soundness of the practice in many a successfully contested case; but I learned that there is a disease of lying-in women, malignant in its character, which sets at naught both the theory and the practice; and if I should be so unfortunate as to meet with it again, I would rely upon the treatment which proved in my hands so successful in the erysipelatos disease, viz: brandy, quinine, and tincture of iron.

The other article is by Dr. Dutcher, Enon Valley, Lawrence county, Pa. We have but space for the cases related, but we wish to give them as corroborative of the views just given by Dr. Leasure:

In the year 1850, Dr. W., of N. B., was called to see Mrs. A., aged about sixty, who had been scratched on the back of the hand by a pet cat. The hand had become very much swollen, quite red and painful, and she had headache, pain in the back, nausea, and fever. The doctor prescribed what he supposed the case required. On his next visit, he found the symptoms all aggravated. The swelling had now extended up the entire arm, and had assumed a decided erysipelatos character. In the course of a few days, suppuration ensued on the back of the hand and fingers. There were also several small ulcers on the forearm. The doctor dressed these daily. One day, while thus engaged, he was called in haste to attend Mrs. McC., in confinement. Three days after labor she was seized with puerperal fever, of which she died, on the sixth day after confinement. In the course of four weeks, he attended seven cases of labor; the mother, in every case, died with the same disease, and the infants perished with general cutaneous erysipelas.

After attending the last of these unfortunate cases, the doctor himself was taken with erysipelas in his right hand, commencing in the little finger, and extending over the entire arm, and down

the right side to the subaxillary region, where a large abscess formed, which discharged for some days, and finally healed. After much suffering, the doctor regained his usual health. Who can doubt, for a moment, but all this suffering and death proceeded from the hand of Mrs. A.?

About four years since, Dr. C., of P., was called upon to bleed Mrs. G. In two days after, on removing the bandage from the arm, a circumscribed redness, of about an inch in diameter, presented itself around the wound in the vein. By the next morning, it had extended over the entire arm. It was very much swollen and quite painful, having all the characteristics of erysipelas. Notwithstanding the most judicious treatment, the arm became gangrenous, and the patient died in consequence. During the sickness of this lady, Dr. C.'s wife had an abortion; he attended her. Some three days after confinement she took puerperal fever, and died in a few days. He subsequently attended some thirteen cases of labor, in most of which fatal puerperal fever supervened; and many of the infants died with general cutaneous erysipelas. A lady, by the name of Mrs. H., while engaged in making a shroud for one of the individuals who had died with the disease, pricked her finger with a needle; after some five or six hours, she washed the babe of this individual, who had also died. In six days, the wound in the finger became puerperal, swollen, and red, and in a few days the whole arm was involved in erysipelatos inflammation, and she nearly lost her life in consequence.

*Glass Syringes.* By FRANK H. HAMILTON, M. D.—Gradually the old pewter female syringes have gone into disuse, and physicians have substituted the neater, and perhaps cheaper, glass syringes; but the occurrence of several accidents, in some of which my surgical services have been required, induce me to question the value of the substitution.

In three instances I have been called upon to remove from the vagina the broken fragments of these syringes. In one instance the accident occurred in consequence of the sudden alarm of the female while she was using the syringe, and was in no measure, probably, due to the imperfection of the instrument; but in the two other cases, the glass gave way from the mere pressure of the fluid while the piston was ascending. The accident, certainly might occur when the piston fits snugly even though there was no defect in the glass; but if there chances to be the slightest irregularity in the walls of the syringe, or a fissure, such as might easily escape detection, or an unusual tenuity of the round extremity, ~~the~~ <sup>the</sup> would be almost certain to follow.

It was this latter circumstance, viz : the extreme thinness of the extremity of the instrument, which occasioned the accident in two of the cases mentioned. Two other cases have been related to me as having occurred in the practice of neighboring physicians, making in all five that have come to my knowledge.

It is possible that no examination, however critical, would enable us to determine, before the fracture has taken place, whether the end of the instrument has a suitable thickness, and it is very likely that a majority of them are blown too thin for safety. I have found the fragments not as thick as my finger nail.

Of late I have, therefore, uniformly recommended either some appropriate metallic instrument, or perhaps more generally the gum-elastic bag with an ivory nozzle.—*Buff. Med. Jour.*

*Nitrate of Silver in Scarlatina.*—The third consideration with reference to scarlatina, which I desire briefly to advert to, is the application of nitrate of silver to the fauces.

I believe no physician doubts the efficacy of this remedy, but certain I am that many practitioners might nearly, if not altogether, as well neglect this most useful and powerful agent, as to use it as they do. There are many who never apply nitrate of silver to the throat in any other way than by means of a camel's hair pencil. Now, nothing could shake me in my conviction, that hundreds of cases of scarlatina had proved fatal from this cause alone. I have seen ulcerated sore throats, as severe perhaps as any which the records of medicine can afford, and which had brought the patients suffering from them to the very confines of the grave. Had I nothing better at hand than a camel's hair pencil for applying a caustic solution, to a moral certainty they would all have terminated fatally.

The right mode, in my judgment, for employing this great (I might say only) remedy in this extreme case, in which life is all but extinct, is to get a long probe, around which should be rolled a piece of lint. This should be allowed to stand for about one minute in a twenty-grain solution of nitrate of silver. A spatula or spoon having been placed on the tongue to depress it, the probe should be passed low down into the throat, the interior of which should be cleverly rubbed all around. Those who have practiced this in the way described, have had their hearts gladdened by the wondrous change in a moment produced. A sponge attached to a rod of whalebone has been used and recommended by many. This, though infinitely preferable to a camel's hair pencil, is open to objections: 1st. The same sponge should not be used (though I have seen it done) for more than one patient,

and we often meet with two, three, or even more at the same time, and in the same house. 2d. There is a difficulty in having the sponge kept clean. 3d. The sponge is ten times more disagreeable to the patient; and lastly, it does not answer the purpose so well.

I know of no disease, the recoveries from which have astonished and rejoiced me so much as scarlatina. No case should be despaired of, or left without the most vigilant care, until life becomes wholly and unmistakably extinct. I feel perfectly satisfied that there are many practitioners who have reason (upon a review of past experience of this disease above all others) bitterly to regret the course they pursued. Like croup, it runs through its stages quickly. To neglect proper treatment, and that at the right moment, or to employ injurious means, is an error never to be remedied.

Some time since I was attending a fine boy, aged seven years, in Mountjoy square. He labored under malignant scarlatina. The case was one demanding the utmost care and attention, it being as unpromising—I may perhaps say as hopeless—a case as any I had ever seen. Having had occasion to pass the house at a very late hour of the night, I paid my little patient an unexpected visit. The person who opened the hall-door, announced to me her belief that the child was dead. On entering the room I beheld the mournful sight of a fond father with what he considered to be his dead son lying on his lap. The scene was not one soon to be forgotten. On a very close examination, I could clearly perceive that the child was still alive, but no more. One drop of fluid he could not swallow, and his respiration was almost imperceptible. I instantly applied the nitrate of silver in the manner I have described; not, I must say, with much (if any), expectation of success. The effect was literally miraculous. An immense quantity of mucus and lymph adhered to the lint; he immediately breathed freely, before I left the house drank cold water, and in the providence of God made a quick and complete recovery.—*Buffalo Medical Journal, from Dublin Medical Press.*

*Nature of Poverty.*—We clip the following very suggestive paragraphs from the Report of Dr. Edward Jarvis “On Insanity and Idiocy in Massachusetts”:

In this connection it is worth while to look somewhat at the nature of poverty, its origin, its relation to man and to society. It is usually considered as a single outward circumstance—the absence of worldly goods; but this want is a mere incident in this condition—only one of its manifestations. Poverty is an

inward principle, enrooted deeply within the man, and running through all his elements; it reaches his body, his health, his intellect, and his moral powers, as well as his estate. In one or other of these elements it may predominate, and in that alone he may seem to be poor; but it usually involves more than one of the elements, often the whole. Hence we find that, among those whom the world calls poor, there is less vital force, a lower tone of life, more ill health, more weakness, more early death, a diminished longevity. There are also less self-respect, ambition and hope, more idiocy and insanity, and more crime than among the independent.

The preponderance of mental defect and disease among the poor is unquestionably shown by the comparison of the number of lunatics and idiots in the two classes. None could for a moment suppose that the total of these classes, the independent and the pauper, are in this ratio.

This is not only a demonstrable fact in Massachusetts and Great Britain, and probably elsewhere, but it proceeds out of a principle which is fixed in the law of our being—that poverty is not a single fact of an empty purse, but involves in various degrees the whole man, and presents as many facts as there are elements of our nature that can be depreciated or perverted. Insanity is, then, a part and parcel of poverty: and wherever that involves any considerable number of persons, this disease is manifested.

When the poor become thus sick and dependent, although friends may, in some instances, be able and willing to step in and meet this expense, yet unfortunately they, too, are generally poor, and the public treasury is the only and the necessary resort for help; and especially when any one becomes insane, the town or the State necessarily assumes the burden. Moreover, as this disease, more than others, is lasting, it would more certainly exhaust any little gathered store of the poor, and the power and the patience of friends; and then, if the lunatic is not at once thrown upon the public, he must ultimately reach that end.

*Nux Vomica as an Aperient.*—Among the conditions over which nux vomica, and its active principle, strychnia, possess most useful powers, is that of habitual constipation, from muscular atony of the intestinal tube. At the City Hospital for Diseases of the Chest, we observe that Dr. Peacock and Dr. Andrew Clark are both in the habit of frequently resorting to it for this purpose. It is generally given in combination with the compound rhubarb pill, and in doses of the extract, of from a sixth to half a grain. Of itself it can, perhaps, scarcely be deemed an aperient—that is,

it does not so much excite peristaltic action, as supply tone to the weakened muscular coat, by which it is enabled to respond efficiently to other irritants. Hence the need for combination with rhubarb, aloes, or some similar drug. Dr. Peacock mentioned to us a case under his care, in St. Thomas' Hospital, in which a man of feeble intellect, and torpid nervous system generally, had derived great benefit from its employment. At first, the bowels were obstinately costive, and lavements produced no action; but since the use of the *nux vomica* (twice daily, gr. ss.) they have so far increased in power and susceptibility, that simple injections are quite sufficient, and procure all the action that is necessary.—*London Medical Times and Gazette*.

*The Use of Chloroform in Edinburgh.*—Professor Simpson states, that during the last six or seven years, few operations have been performed in Edinburgh, either in hospital or private practice, without the patient being previously anæsthetised with chloroform. During that period, one death has occurred in the city, among the many thousands who have been subjected to the use of chloroform. But during the same six or seven years, among the comparatively few operated upon there without chloroform, three or four deaths have taken place, either during or immediately after the surgical operation. This statement, from such a source, is of great value.—*Medical Times*.

*Glycerine Internally.*—Several reports have been made of the successful substitution of glycerine for cod-liver oil, the most circumstantial of which is that by Dr. Crawcour, in the *New Orleans Medical News*. He has used it in phthisis, scrofula and mesenteric disease in children; and sometimes in combination with iodine and the various salts of iron. Quinine is soluble in it without the aid of an acid, and he considers it valuable as a solvent of phosphorus. The dose of glycerine is one to three drachms, three times a day, in an ounce of water. In larger doses it causes nausea. It is important to use a pure article. Much of it contains lead, from the manner in which it is prepared, but it can be made chemically pure, and at a cheap rate, by decomposing lead or oil with hydrate of lime.—*New Hampshire Journal of Medicine*.

*New Tonic.*—A Yankee doctor has contrived to extract from sausages a powerful tonic, which he says contains the whole strength of the original bark; he calls it the "Sulphate of Canine!" He anticipates a great popularity for it in New York city.—*Worcester Transcript*.

THE  
CINCINNATI MEDICAL OBSERVER.

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VOL. I.]

APRIL, 1856.

[No. 4.

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ORIGINAL COMMUNICATIONS.

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ART. I.—*Case of Tumor pressing on the Cerebellum.* By BENJ. STANTON, M. D., of Salem, Ohio.

P—— S——, unmarried man, aged about 46, medium height and rotundity; well developed head—saddler by trade—temperate, not addicted to any particular vicious habit; complained some six or seven years since, of a vertiginous sensation and pain in the posterior part of the head, which occasioned much discomfort, though it did not at that time disqualify him entirely from business; appetite and health in other respects, good.

After trying various remedies, finding his disease still increasing, he forsook his shop and betook himself to out-door employment. He engaged in trade, and went down the Ohio river with a load of produce. He returned with his health much impaired; his vertigo had so much increased as to render him liable to fall as he walked the streets. After the use of mercury, setons, iron, and vegetable tonics, his health somewhat improved, and he went about three years since to California with a hope of farther improvement by the voyage. During the voyage he was better, but after landing his vertigo increased to such an extent as to entirely disqualify him for any kind of business, and he returned home after an



absence of about eighteen months. At the time of his return, his power of progressive motion was such as to cause strangers who observed his walking to suppose he was deeply intoxicated. He still suffered much with pain in the region of the cerebellum, especially in the latter part of the night and in the morning before breakfast. The power of using his upper extremities was unimpaired.

Mercury, iron, quinine, strychnia, blisters, setons, cold and warm baths had been used with little benefit. Some months since, he complained of pain in the region of the pharynx, accompanied with difficulty of deglutition. The right side of his face became paralyzed so that he had difficulty in retaining food in his mouth during mastication. There was deafness of the right ear, and occasional paroxysms of dyspnoea. The morning paroxysms of pain were sometimes attended with slight epileptic convulsions.

After breakfast, he usually walked down town, but frequently had to steady himself by surrounding objects, or to take the middle of the street to avoid a narrow or uneven side-walk. His appetite for food was good, or rather morbidly craving, until the day of his death, which took place suddenly, on the morning of the 29th of November, 1855.

*Examination twenty-six hours after death.*—External appearances normal; a well developed brain; the vessels of the membranes somewhat engorged with blood; substance of the cerebrum exhibiting no signs of disease. The cerebrum and medulla oblongata were removed, leaving the cerebellum in place; this laid bare part of the surface of a tumor about the size of a large hen's egg, attached to the duramater on the posterior face of the petrous portion of the right temporal bone, near the meatus auditorius internus. It weighed after having its fluid partly absorbed by a cloth, ten drachms apothecaries' weight. It was covered with a cyst, apparently derived from the duramater. Its internal appearance somewhat resembled the medullary part of the brain, but it was firmer, and easily distinguished from it by a more yellow color. There was no pus, nor effusion of blood, nor signs of acute inflammation in the vicinity of the tumor.

The tumor lay mainly under the right lobe of the cerebellum, its internal end touching the medulla oblongata. The under surface of the right lobe of the cerebellum had been absorbed before it, until about two-fifths or near one half of that lobe was destroyed. The medulla oblongata showed no signs of absorption.

The optic nerve was observed to have its normal appearance, but the other nerves of that side, in the hasty examination escaped that minute inspection which they ought to have had. The position of the tumor, however, was such that the more important nerves of that side could hardly escape compression or derangement from its presence. Hence, I apprehend, arose the difficulty of deglutition, dullness of hearing, paralysis of face, and dyspnœa which attended the latter stage of his disease.

The principal importance of this case arises from the additional evidence which it affords, of the cerebellum being an organ whose principal function is that of co-ordinating the voluntary movements, at least so far as regards progressive motion.

With regard to sexual instinct, I believe there is sufficient evidence for the conclusion, that the subject of these observations did not differ from the mass of other men. His mental powers which were naturally good, remained unimpaired, or but slightly impaired to the last of his existence.



ART. II.—*Diseases at the close of 1855, and of the First and Second Months, 1856, at Richmond, Wayne Co., Ind.* By JNO. T. PLUMMER, M. D.

AFTER I closed my report, (page 5, of the present volume of the Observer,) a case of remittent fever, in a consumptively disposed patient under my care, proved fatal. She had lingered for several weeks, with little change in her symptoms, till within a week of her death. At that time there was an unlooked-for and very copious hemorrhage from the bowels. Some abdominal pain, that a little before she had complained of, now ceased; and the next day she said she was perfectly easy, and was getting better. Her pulse, however, did not speak the same language; its very

frequent, slender, and feeble strokes, silently indicated the approaching issue. Delirium preceded death.

She had had no pain in the abdomen, even on pressure, except as already mentioned.

On the 18th of the 11th month, the mercury stood at  $34^{\circ}$ , at  $9\frac{1}{2}$  o'clock, A. M. On the 22d at  $24^{\circ}$ , at 7 o'clock, A. M.

On the 22d of the 12th month, a very sudden change took place in the temperature of the air. Our streets were muddy in the morning, and frozen solid in the afternoon, the thermometer indicating  $12^{\circ}$ ! At 7 o'clock, A. M., on the 26th, a few inches of snow covered the ground, and the mercury stood  $11^{\circ}$  below zero.

Up to the 4th of the 1st month, 1856, the mercury continued to play a little above and below zero; but on the morning of the 4th, at 7 o'clock, it stood at  $14^{\circ}$  below zero. About this time, a few cases of varicella appeared. The weather continued very cold till the 8th, when I noted in the morning  $6^{\circ}$  below zero,  $0^{\circ}$  at noon,  $5^{\circ}$  below zero at 5 o'clock, P. M., and  $14^{\circ}$  below zero at 9 o'clock, P. M. On the 9th the mercury was at  $27^{\circ}$  below zero, at 6 o'clock, A. M., and  $12^{\circ}$  below at 10 o'clock, A. M. On the 10th it stood at  $28^{\circ}$  below zero! This is the greatest degree of cold yet known to our records here. In this month, on the very day (10th) in 1848, at the same hour, (6 o'clock, A. M.,) occurred the greatest degree of cold then known to us, viz:  $21^{\circ}$  below zero.

On the 11th of the present month, the thermometer indicated  $11^{\circ}$  below zero, at 7 o'clock, A. M. After this date the weather moderated—if the mercury playing between zero and bare freezing, be moderation.

So sudden a change as took place on the 22d of last month, and so protracted, intense cold as followed, is worthy of a record, for future reference. And at present it is proper to say, that up to this time, (12th month, 31st), no bronchial, or other catarrhal affections have followed. A few cases of intermittent fever, after the weather moderated, constituted the chief disease. Several cases of paralysis, however, have occurred this winter; and two of them, under my care in this month, deserve more than a passing notice.

All of these paralytic attacks took place in *females*. One of

the two cases alluded to, was that of a woman of about seventy years of age. Her appetite and health had been unusually good up to the time of the attack, when, she says, she fell upon the floor, in a kind of apoplectic fit. But the family found her sitting in a chair. I was immediately sent for, and found her upper lip, toward the right angle of the mouth, elevated into an arch; her tongue swollen, and heavily coated all over to the edges and tip, with a white, slimy fur; her appetite gone; her sight lost; her deglutition difficult; the pulse and the temperature of the skin natural; her articulation indistinct, but intelligible; her taste, and smell, and intellect, but little, if at all impaired; her hearing excellent. She could readily protrude her tongue, which, during the effort, curved to the left. Her thirst was increased.

This was a well marked case of *partial* paralysis; no other parts of the body than those named being affected.

She succeeded in swallowing three compound cathartic pills, (pil. cath. comp. of U. S. Phar.) which operated thoroughly. The amaurotic condition passed off in a few hours, (say 5 or 6), from the accession of the disease. A cantharides plaster was applied, the same day, to the nape of the neck. An effectual vesication followed, and to this succeeded a steady improvement in her paralytic condition. In a few days her utterance was clear, the line of her mouth straight, her tongue diminished in size, and was nearly straight when projected; but the slimy, white coat, and the anorexia, continued till the end of the first week.

I omitted to mention, in its proper place, that after the vesication I applied electricity to the paralyzed parts by means of one of Davis and Kidder's magneto-electric machines. I ought also to have named among the first day's symptoms, a throbbing pain in the head; a transient numbness of the legs; a continued accumulation of saliva and mucus in the mouth and throat; a swelling of the roof of the mouth, and a soreness of the tongue, or burning sensation over it. Of both the last symptoms she often complained. Of the soreness of the tongue she still complains. An occasional cough, which she has had from the beginning, ought also to be named, as well as a speedy forgetfulness of events.

At the close of the first week of her illness, the condition of

the mouth and tongue, in every respect, was much improved. Lotions of chlorate of potash, and of sulphate of zinc, had been used for the soreness and burning in the mouth.

After the improvement in her paralytic condition, during the first week, she became exceedingly irritable, and very difficult to please. But that symptom abated gradually, and little remains to be done, but to wait upon the strengthening results of an improving appetite; an appetite induced, in part, by the use of acidulated vegetable tonics.

On the 23d and 24th the mercury stood at 6° below zero, at 6 o'clock, A. M. Snow fell to the depth of 5 inches, on the 27th, and night previous, and catarrhal affections began to show themselves about this time; but up to the close of the month there were but comparatively few cases. The snow continued on the ground to the end of the month. Besides a few cases of whitlow, and the diseases already named, the month has been a healthy one, and very cold.

The second case of paralysis alluded to, I will, perhaps, report separately, at a future time. I will add, that the only *male* patient affected with paralysis, (paraplegia), who has come under my care this month, lives near a neighboring town, about 14 miles distant. I merely prescribed for him without seeing him, and am not able to say how his case stands at present.

Is there an increase of paralytic cases in other parts of the country?

Some of the coldest days of the winter of 1855-6, occurred in the first week of the *Second* month. On the 3d of this month the mercury stood at 20° below zero, at 6 o'clock, and at 16°, at 8 o'clock, A. M. Two miles north of town a thermometer indicated 26°, on the same morning. The air was clear and calm. On the 4th, for several hours in the morning, with a brisk *south-west* wind, the mercury stood at 28° below zero! This is exactly the greatest degree of cold of last month. The sky was cloudless throughout the day, as it was also on the 5th, when the mercury was at 21° below zero.

A few inches of snow fell on the 5th, and on that day and the 6th, the mercury ranged from 20° to 24°, and on the 7th, a degree of humidity was perceptible in the air. The mercury

falling to  $7^{\circ}$  below zero on the next morning, (8th) precipitated the moisture of the atmosphere, so as to create quite a haziness in the air, and the whole sky was overcast. The mercury fell to  $10^{\circ}$  below zero on the next day, and yet the wind was from the south-west.

The morning of the 10th was  $33^{\circ}$  warmer than the preceding morning—the mercury being at  $23^{\circ}$ ; at mid-day  $56^{\circ}$ . This temperature, of course, occasioned a general thawing, but not disappearance of the snow, which had remained for forty-nine days on the ground. The wind played the vane between south and south-west, all day. I found the dew-point to be  $38^{\circ}$ , at 2 o'clock P. M., and  $36^{\circ}$  at 3 o'clock, when the temperature of the air was  $46^{\circ}$ .

With this meteorological condition of the air, thus far in the month, what diseases existed? I might almost say, not any; for, besides a few cases of coryza, and other light catarrhal symptoms, noticeable in large assemblies of people, there was scarcely any complaint. These catarrhal cases began some days *before* the thaw.

11th,  $38^{\circ}$ , A. M. Wind still south of south-west. The vapor which rose yesterday, came back to-day, in the form of snow and light rain. At noon the temperature of the air and the dew point were the same—that is,  $36^{\circ}$ .

12th,  $14^{\circ}$ , A. M. At 8 o'clock in the morning there was as magnificent a halo as I ever saw. The moon was bright and gibbous, and the stars visible, inside and without the circle. At half past 8 o'clock the halo had contracted to an areola of a few degrees in diameter, and soon after the sky was overcast.

13th,  $4^{\circ}$ , A. M. 14th,  $4^{\circ}$  below zero. Wind north and north-east nearly all day on the 13th. To the 18th the mercury ranged from near zero to freezing, since the 14th, and there were one or two days in which the snow thawed in the sun. And up to this time there has been more or less snow every day since the halo. There has been a slight increase in the catarrhal cases.

The morning of the 19th drove the mercury to  $4^{\circ}$  below zero.

About the middle of the month the first case of ulcerated throat appeared in my practice. I was called to another case, a day or two afterward. The first was that of a boy of 18 years of age; the second, that of a female of about the same age. The onset

of the attack, in both cases, was with great nervous agitation, headache, pain in the limbs, general soreness, nausea and vomiting—in one of yellow or green mucous, in the other of frothy mucus without color. Their tongues slightly coated, and pulses 130 and feeble; their breath intolerably offensive. The tonsils red, swollen, and mottled with ash-colored, ragged scabs. Cathartics of calomel, 10 grs., rhubarb, 5 grs., and ipecac., 1 gr., with the frequent use of a gargle of very diluted hydrochloric acid, constituted the incipient and principal treatment. Other cases soon afterward occurred in younger children—one of whom, soon after the accession of the disease, was attacked with epileptic fits. All the patients recovered. In every case there was a troublesome cough present.

20th, 42°, early P. M.; dew point, 38°. 22d, 39°, A. M.; dew point, 35°.

From the 22d to the close of the month, the weather was variable—snowing thawing, spring-like, and snowing again. The winds, too, varied in their direction and strength. A gentle rain fell nearly all night on the 22d; the dew point and atmospheric temperature next day was 40°. Two or three cases of croup occurred during the preceding night, and several cases of the same kind succeeded them, before the month ended. Bronchitis, (more or less complicated, in some cases), became more frequent, especially among children.

I met with no fatal cases of any of these diseases. Calomel, cupping, tart. antimony, and other expectorants or sedatives, were the chief remedial means used.

One or two of the cases of croup were complicated with ulcerated tonsils, etc., giving rise to an offensive breath, and heavily-coated tongue—but no dysphagia.

A case of *eczema capitis*, spread over the whole scalp, and mottling the cheeks, temples, ears, and forehead, was promptly cured by the application, simultaneously, to all the parts affected, of the following ointment:

℞ Hydrargyri oxid. rubri, grs.v.  
Adipis, 3j.  
Terebinth Venetæ, 3j. Misce.

The Venice turpentine employed, was probably the factitious preparation universally substituted for the oleo-resin of the *pinus larix*. At the time of the application of this ointment, the patient, a suckling, was affected with bronchitis, for which it first came under my treatment. I had less hesitancy in using the ointment, under these circumstances, in consequence of the child having had a diarrhea of some weeks duration, which I allowed to continue during the six or eight days' treatment for the eczema. The diarrhea was afterward readily arrested.

A few of the fall cases of intermittent fever were revived several times during the colder periods of this and last month, and perseveringly treated with *nitric acid*, in varying doses, at long and short intervals, but without any perceptible advantage. The patients had a disrelish to quinine, and desired a thorough trial of this acid. These cases were all cured by the subjoined prescription :

R Quiniae sulphatis, grs.x.  
 Liq. potas. arsenitis, min.c.  
 Acidi sulphurici, gtt.x.

Five to ten drops were given every 2 or 3 hours. The insoluble arsenite of quinine, which is first formed, is instantly rendered soluble by the excess of acid. Acetic acid will dissolve the precipitate, also, very readily.

Another case which had continued through the winter and fall under every treatment employed, leaving the patient very feeble, pallid, and thin, was cured, apparently, by a solution of per-sulphate of iron, containing, also, more or less nitrate of the same metal.

The formula for this ferruginous preparation is :

R Ferri sulphatis, ʒiiss.  
 Acidi nitrici, ʒiij.  
 Aquæ destillatæ, ʒxss.

Rub together the acid and salt for 10 or 20 minutes, avoiding the poisonous fumes of binoxide of nitrogen, or rather the nitrous acid formed in the air by the escaping gas.



I have long used this chalybeate preparation, in certain cases of leucorrhœa, diarrhœa, torpor of the liver during convalescence, morbid intestinal secretions, etc. As the solution can be kept an indefinite length of time, and is a medicine very acceptable to most patients—indeed, I know of no exception—I have long classed it among the standard remedies of my practice.

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ART. III.—*Clergymen and Physicians.* By THEOPHILUS PARVIN, M. D., of Indianapolis, Indiana.

THE article with this title by an esteemed member of our profession, Dr. J. T. Plummer, of Richmond, in the last number of the *Observer*, by no means exhausts the question discussed, nor does it, in my mind at least, produce conviction of the justice of the side advocated by him.

Ought physicians as a rule, subject to exceptions of course, to render gratuitous service to clergymen?

Assuming the fact of a revelation by God to man in the Bible—vastly important to him here and hereafter, and the necessity of that revelation being expounded, its truths enforced and principles inculcated regularly by educated christian men, premises that we believe the great majority will concede—we unhesitatingly answer the question in the affirmative. Gratuitous medical services are, in some degree, a voluntary tribute to the worth and importance of the mission of ministers. But we do not rest our decision on this ground mainly.

In opposition to Dr. Plummer, the writer most certainly believes that there are “closer relationship, more natural ties, more proper civil attraction or attachment” between physicians and clergymen, than between the physician and any other class of men. Both are, or ought to be, completely educated men alike in literature and science; men of warm sympathies and of noble humanity; they meet at the bed of the sick and dying; each knows the frailty of human life and the uncertainty of human hopes, and none are so associated together in the minds of the family, none so precious to their hearts as the spiritual and the

medical advisers are: where fitted in head and heart for their respective callings, they often can and do assist each other, and there will be both intellectual and social communion between them such as does not exist on the part of either, with any other outside of their respective professions.

"Are clergymen a privileged class among us, that they should exact gratuities from any? Are they themselves willing to labor in their vocation without the hope of reward?"

In reply, let me say that clergymen do not "*exact gratuities*" from us; we give them our advice and services voluntarily—they are not claimed by them so much as a *right*, as bestowed on our part from a generosity and nobleness which I trust will ever live among us. As to clergymen being unwilling to labor without a reward, I would say that a worse remunerated class of men, so far as dollars and cents are concerned, does not exist in our land, when we consider the amount of time and means invested in their preparation for their calling. For one who may be in the reception of "his thousands for his labor and faring sumptuously every day," there are twenty who do not receive five hundred; and surely, my respected friend has not seen the interior of many ministers' houses when he writes of "*faring sumptuously every day.*"

Let me give a fact or two in reference to clergymen's salaries: The largest salary, probably, paid in this State to any minister, certainly the largest paid to any Presbyterian minister, is fifteen hundred dollars, and this sum was given to the Rev. John A. McClung of this city; at the bar Mr. McClung's income would have been five times that amount. The average of the salaries of Presbyterian clergymen, the State over, is scarcely four hundred dollars, and this is a very liberal estimate. The same amount of education, energy and industry, invested in any other calling, would produce an average income at least triple in amount. Facts derived from other religious denominations would lead us to similar conclusions.

A clergyman, even with such a meagre pittance, has claims upon his hospitality and benevolence such as other men have not; his house is head-quarters for traveling ministers, and agents of various descriptions, and his name must head all subscription papers for the poor and every other charity.

Moreover, he must expend a considerable portion of his income in replenishing his library, and in procuring scientific, literary, and theological journals, if he would keep abreast of the popular knowledge of the day and know what phases public opinion is taking, and how best, in the pulpit and in social intercourse, to combat the errors of the times, and most effectually to influence the minds and hearts of men. How all these demands are to be met, and a wife, with progeny sometimes as numerous as poor Mrs. John Rogers', to be supported, children clothed and educated, and doctor's bills paid, with four hundred dollars a year, especially when from the nature of the minister's avocation, if faithful in the discharge of his duties, he is excluded from common sources of emolument, is a problem I can not solve. I know full well that there are hundreds of ministers who, from the day of their first settlement until the day of their death, are engaged in a ceaseless struggle to "keep the wolf from the door."

For one, then, I protest against a disturbance of the custom which has existed in this matter from time immemorial. Let us not compel clergy who may have our advice and attentions, to "confess" poverty, or else cause them to hamper their usefulness and make their families suffer, to settle our bills. The presumption ought always to be, unless facts of the opposite are decidedly apparent, a preacher can not well pay a bill for medical services; no bill should be presented, no fee should be accepted from him unless we *know* that he is quite able to give that fee.

Every clergymen whom the writer knows, who receives a liberal income, pays his physician. This, I believe, will be found to be the case in nine cases out of ten. And even if we render hundreds of dollars in gratuitous professional services to ministers, I must believe that under the Divine economy, we will lose nothing ultimately.

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ART. IV.—*False Aneurism*. By C. V. W. BURTON, M. D., of  
Lansingburgh, New York.

A CASE of surgery occurring in my practice the past week, may not be uninteresting to some of your readers, as it is one about which much has been said and written of late, and for

which a great variety of treatment has been suggested, in order to avoid tying the artery in the arm or forearm.

The case alluded to was a wound of the palmar arch, and as this is by reference to my note-book the fifth case, besides one of the plantar arch, which has been successfully treated by very simple means, I think I may safely recommend it to others as being both judicious and efficient. A simple narrative of the last case will be sufficient for all practical purposes, as there was but little or no variation in them, except that in the other cases I was called at the time of the injury.

The patient, a young man of 16, presented himself at my office on the 3rd inst., with a false aneurism in the palm of the left hand. The history he gave of his case, was that a week before while dividing an apple with his pen-knife, he used so much force as to drive the blade into his hand, completely dividing the arch; it bled profusely, the jet striking the ceiling of the room he occupied; the parts were brought together and a bandage applied tightly around the hand by his father; union of the integuments soon took place, but not so of the deeper parts in which the artery was imbedded. The consequence was the false aneurism alluded to. On making a free incision through the skin, the arterial blood flowed freely. I then introduced a piece of sponge saturated with creosote, sufficient to fill the opening; applied a compress and bandage, and directed the patient to call on the second day. He came according to direction, when I removed the sponge, brought the parts in apposition, re-applied the compress and bandage. No farther treatment was required than to adjust the dressing from time to time. To-day, the 18th, the wound is healed, scarcely any trace of which exists, except the loosened cuticle in the palm of the hand.

LANSINGBURGH, Feb. 18, 1856.

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ART. V.—*Case resulting from the Bite of a Horse affected with Glanders*. By T. L. NEAL, M. D., of Sidney, Ohio.

GEO. B., blacksmith, age 30, robust and of good habits, was bitten April 4th, 1855, on the left forearm by a horse diseased with glanders. The wound was considered of little importance at the

time, as it did not keep him from business. It began however, in the course of a week or ten days to be painful, swelled considerably, and discharged an excoriating dirty pus. Nothing further developing, the wound was simply poulticed, and rest enjoined. The discharging surface of the wound which was about the size of a quarter-dollar continued of nearly the same size throughout the disease. It presented a purple granular surface, an irregular margin, and proved to be remarkably indolent, for at no time did it show any signs of healing. There did not appear to be much constitutional disturbance until about the first of June, when the peculiar local symptoms first manifested themselves. The nostrils became red, painful, and considerably swollen. The discharge which was only moderate in quantity, was a yellow viscid mucus. The swelling extended in a slight degree to both eyelids.

These symptoms subsided in a few days, and were never afterwards a source of trouble. But concomitant with their appearance there was general restlessness, considerable fever, headache and cough: and a feeling of extreme exhaustion was much complained of. The immediate tissues about the wound began to swell and harden by infiltration until they acquired the size of an orange; at the same time tumors of different sizes—varying from a quail's to a goose's egg—made their appearance in different parts of the body. There was not much change in the disease until about the middle of the following month, when the fever, hitherto of a rather mild and regular type assumed an irregular paroxysmal turn. The tumors, which were painless before, became during the exacerbation of fever the seat of violent pain; yet, what was very singular, the intermissions which sometimes lasted thirty hours, left them entirely free from pain. The largest one only suppurated.

The cough, somewhat harrassing at first, gradually disappeared. The appetite, never good, was at times turned to loathing; constipation was a marked symptom. There was nothing observable peculiar in the secretion from the kidneys save a scantiness. The skin was generally dry and harsh, although the paroxysms of fever were towards the close followed by copious sweats. A peculiar exhalation from the surface was observed, which I must fail

in describing, having never met anything to compare it with; the odor was rank and disagreeable. The foregoing general condition of things continued without much variation until near the termination of the complaint, when the powers of life—after battling with the malady for more than six months, yielded to hectic, which was superinduced. This would be a tedious article should I attempt to give the treatment in detail, and shall content myself by stating the outlines. The prolonged continuance of the case gave ample opportunity for the adoption of several plans of treatment, most of which were sedulously adhered to; but unfortunately to no purpose. Brisk purgatives with the occasional use of emetics were at first thought to be doing the patient some good. Iodine and iodide of potassium were then tried. Strychnia was afterwards administered until its constitutional effects were produced; next the various tonics, some of which were Fowlers solution, quinia, the mineral acids, etc.

At the suggestion of Prof. Mussey the patient had a fair trial with the mur. ammonia. In fact almost everything thought to be rational, expectant and empirical had each their turn. It may be stated in conclusion that it was found necessary to give the patient large doses of opiates to allay the almost excruciating agony during the paroxysms of fever.

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ART. VI.—*On Mineral Waters*. By S. HANBURY SMITH, M. D.; of Hamilton, Ohio.

AS ALREADY observed, the *matters dissolved in mineral waters*, consist of most of those haloid, metallic, alkaline and earthy salts which are daily prescribed by the physician, thus:

*Sodium* is found as the chloride, iodide and bromide, and in the sulphate and carbonate of soda.

*Calcium* as the chloride, and in the carbonate, sulphate, phosphate, sub-phosphate, and fluato of lime.

*Magnesium* as the chloride, and in the sulphate, nitrate and carbonate of magnesia.

*Iron* as the carbonate, sulphate, and crenate, generally of the protoxide.

*Potassium* as the sulphate, carbonate and acetate of potassa.

*Aluminium* as the sulphate, and sub-phosphate of alumina, and as ammonia-, potassa-, and soda-alum.

*Manganese* as the carbonate, and sulphate of the protoxide.

*Zinc* as the sulphate.

Other mineralizing ingredients are found so rarely, in such small quantities, or are medicinally so indifferent, that it is not worth while to particularize the forms in which they occur.

The *gases* found in mineral waters, and some of which play a very important part as therapeutic agents, are carbonic acid, hydro-sulphuric acid, nitrogen and oxygen.

It would be entirely out of place in these short articles, to repeat that which is to be found in every text-book on *Materia Medica*, concerning the common properties and *modus operandi* of the agents, just enumerated. The cause of the different, in many cases superior medicinal effects produced by the same agents when employed as "mineral waters," is what concerns us. I think the reflecting reader will be prepared to understand and admit, that the solution of the active remedies in such large proportions of water, hot or cold, is the most important condition of increased curative energy and advantageously modified action. The amount of water taken with almost any medicine materially affects its operation, a circumstance much too little thought of in daily prescription. To exert a general or what may be termed remote action on the system, every medicine must be absorbed. I should indeed, perhaps, have commenced by remarking on the extreme difficulty with which it can even gain admission into the body, unless actually dissolved by the animal fluids; and it by no means follows that it is best to administer medicines by the mouth in order to ensure such true access to the organism, though our lamentable ignorance of the principles which should guide the practitioner in his choice of the best modes of exhibiting his remedies, has undoubtedly shut us out from a large portion of the field in which therapeutic operations should be carried on.

Mialhe's treatise on the art of prescribing, etc., has lifted a corner of the veil, and given us a glimpse of tempting unexplored regions for scientific research; but the whole subject of endermic medication—the *iatra-leptic* method—sadly needs its Liebig and

Pereira. Thus many a medicine applied to the skin seems inert merely because we do not know how, in what shape or solution best to apply the remedy. The secretion from a blistered surface, for example, being alkaline and very like that poured out on the surface of the intestines, a proper knowledge of the composition and chemical reactions of any medicine will at once decide whether or not it can be absorbed by the abraded skin. The digestive canal owes its superiority as a locality from whence insoluble medicines may find admission into the system, mainly to the circumstance, that there are "acids in the stomach, alkalies in the intestines, and saline matters in every part of the canal." In mineral waters, every medicinal ingredient is already dissolved, and that in such large quantities of the solvent, that it readily finds its way to every part of the system, when not debarred at its very entrance by decomposition; these solutions are indeed often more digestible, as it is termed, really more rapidly absorbed, than the same amount of pure water; a circumstance probably due to their exciting vital energy and to the influence of endosmosis.

Space will not allow of more than a few suggestive hints as to the therapeutic action of the chief ingredients of mineral waters.

Thus the purgative neutral salts which occur so frequently in these combinations of dame Nature's prescribing act more gently and yet more thoroughly, with much less perturbation in proportion to the effects produced, than equivalent or even larger doses of Glauber, Epsom, or Rochelle. Two ounces of Püllna water containing not more than 50 grains of principally sulphate of soda, carbonate and muriate of magnesia, and sulphate of potassa, will more effectually cleanse the whole intestinal canal and spur up functional energy, than four times the quantity of any of our ordinary saline aperients. And a continuous use of the same or analogous waters will more thoroughly arouse the liver and dissipate abdominal plethora and its multifarious evil consequences, than any known drugging, with the advantage of inflicting no debilitating injury on the assimilating, blood manufacturing and reparative powers, as is so often done by a too obstinate persistence in the use of mercurial and antimonial preparations. All acquainted with the practice of medicine in the greater part of Continental Europe, will bear me out in this remark; I can not,



however, refrain from here quoting the evidence of a well-known English physician and author, Dr. A. B. Granville, who describing his own case, says: "About ten years ago, on passing through the neighborhood of Püllna, (in Bohemia, S. H. S.) heated by a journey of two thousand miles, performed without stoppage by night or by day (no railroads then, S. H. S.); and suffering from that habitual state of the body for which I had, like many more of the inhabitants of London, taken bushels of aperient pills in the preceding years—I was induced on principle, to try the effect of the *Bitterwasser*. The result of that trial was, that I recovered my health—conquered my habitual difficulty of digestion—abandoned all pills—have never taken any since—and find it only necessary to drink about two ounces of the Püllna water to keep all straight." \* Another advantage of the aperient mineral waters is that their good effects do not grow less the longer they are used, but on the contrary, with the less need to repeat the dose so often, a smaller and smaller one will often suffice.

In some happy instances, the aperient ingredients are combined with such tonics as iron and magnesia, by which combination as we all know, and frequently, so knowing, prescribe—the good effects of either are heightened. Yet still the advantage is on the side of mineral waters, from *the nature of the composition* and the observed superiority of action over ordinary drugs. Thus, that "canny Scot," Dr. James Johnson of *Medico-Chirurgical Review* notoriety, quotes in his "Pilgrimages to the Spas," the following case from his "friend Dr. Heidler," "of a young lady who came to Marienbad (tonic-aperient resolvent, S. H. S.) laboring under sympathetic hectic fever, and who had had hæmoptysis. The stomach would retain no food, especially the dinner. Constipation was obstinate, and the nocturnal perspirations were profuse. The Kreutzbrunn waters were taken, and, after eight days, the fever ceased. In four weeks more the stomach became retentive. Next summer, however, she returned to Marienbad, with the evening vomitings as before. Eight days' course of the waters dispelled the sickness, and she recovered her health." I quote this case from a number given in the same

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\* The Spas of Germany. By A. B. Granville, M. D., F. R. S., etc., etc.

work, only because the account of it is so short, and for the present will only trespass on the pages of this journal with one more case from Granville, that of a gentleman whose "long and complicated dyspepsia, hypochondriasm, and weakness of stomach, had been completely cured by a full course of the Kreutzbrunnen." Hufeland used to boast that Goethe had been completely restored to health from a similar complaint by drinking of the same spring. Now, it is but reasonable to suppose, that in these cases, all the ordinary resources of the apothecary had been tried in vain, before expensive journeys were undertaken in search of a health these could not give.

Most remarkable are the effects of those waters containing a predominating proportion of sodaic salts, especially the carbonate, and which are properly termed alkaline. Nor is this surprising, when we reflect that alkalies are antiplastic and liquefacient, increasing oxydation, softening tissue, dissolving acid matters and weakly organized exudations or deposits, exciting free diuresis, and thus assisting to convey morbid products out of the system. Ordinary diuretics only increase the amount of water excreted by the kidneys; alkalies, by dissolving animal structures, cause the elimination of such organic matters as are the products of a low vitality. Hence the striking effect of these agents in chronic visceral ailments, albuminous deposits in glands, incrustations on the skin, furuncular diseases, old rheumatisms, etc.; and the very considerable proportions of iodine and bromine in the waters of some sources, add to, or advantageously modify, the resolvent powers of the alkaline element.

Best of tonics, *iron*, is of common occurrence, and mostly in that form not easily attainable in every day prescription, although *the chalybeate, par excellence*, is the solution of the proto-carbonate in water, with excess of carbonic acid. This metal is also quite frequently associated with manganese, now known to possess valuable tonic and cholagogue powers, and to prove curative in anæmic cases where iron alone has failed. No fact is better established, than that blood-diseases in which iron is indicated, yet which have united the administration of the magistral forms of the medicine, have readily yielded to the influence of an appropriate chalybeate mineral water.

Having thus touched on the purgative, resolvent, and tonic properties of mineral waters, viewed as saline solutions, there still remains to be mentioned the important part played by the free gases present in most.

Of the gaseous contents of mineral waters, *carbonic acid* holds the first place, both in frequency of occurrence, and in quantity present—in some instances nearly five volumes—and independent of the important chemical part which it plays as a solvent, its power as a medicinal agent is by no means insignificant. When taken into the stomach in considerable quantities, it lowers the irritability of that organ, while it increases its functional activity, improves the quality of its secretions, and increases its digestive powers. These or similar effects are next produced in the contiguous and related organs—intestines, liver, pancreas, etc.—and while the portal circulation is accelerated, the secretions of the organs named are increased in quantity, and are improved in quality. Then the heart and arterial system feel the benefit of its stimulus, and together with the muscles in general, experience an augmentation of contractile force. Finally, the most distant part of the system of organic life feels its effects, which are shown in improved tone of skin and mucous membranes, more free secretion, and increase of urine. It also checks the tendency to degradation of the fluids and solids, and the formation of pus. It is indicated in all those cases in which acids are generally used, and probably does not produce those injurious effects on the stomach which these occasionally do, because it can not be applied to its surface in so concentrated a form as they can, and too commonly are.

It is deserving of notice, that in later years carbonic acid in the gaseous form has been extensively used as a bath, especially at Marienbad, Eger, Pyrmont, Meinberg, and some other places, where enormous quantities are perpetually streaming from the surface of mineral springs, or even from holes and fissures in the ground. Its effects, when thus applied to the surface of the body, are similar to those already described as following its internal administration, namely, diminished irritability, increased tone, and improved secretions; and these effects are propagated from the surface to the interior of the body, in the former, just as the

reverse takes place in the latter. These baths have proved eminently serviceable in chronic diseases of the skin, including its functional derangements, neuralgia, rheumatism, gout, palsy, amenorrhea, suppressed hemorrhoidal discharges, lymphangitis, etc. Some very remarkable cures have been performed by these baths, in intractable cases of the diseases mentioned above.

*Hydro-sulphuric acid* is far more energetic in its action than carbonic. In large doses, whether inhaled, applied to the skin, injected into the veins, or taken into the stomach in aqueous solution, it first lowers, then suspends, the functional activity of the nervous system—occasions a small, intermitting pulse, general weakness and debility, vertigo, delirium, insensibility, palsy, death. In such small doses as are administered medicinally, however—it rarely or never exceeds one and a half per cent. of the volume in a mineral water—its effects are, increased activity of circulation, especially in the abdominal venous system, rendering the pulse also fuller and more frequent, increasing the secretions of the skin, and of the mucous membranes of the organs of respiration and digestion, and of the urinary apparatus, stimulating the functional activity of the absorbent system, lymphatic glands, and serous membranes. But if too long continued it disturbs digestion, occasions nausea, vomiting, colic, diarrhea, and general cachexia, with a depraved condition of the blood.

In combination with alkalies and alkaline salts, as found in many mineral waters, it constitutes a most powerful agent for the cure or relief of obstinate and deep-rooted disorders of the skin, mucous membranes, and lymphatic system, as well as of chronic metallic poisoning, as hydrargyrosis, plumbismus, and such like.

*Nitrogen* occurs free, and in some springs in very large quantities; it appears to be indifferent, or to produce no special curative effects.

Free *oxygen*, occurring less frequently, and in smaller quantities, does not either appear to have any appreciable influence on the remedial power of mineral waters.

## MEDICAL SOCIETIES.

ART. VII.—*Miami Medical Association.*

THIS society was organized February 26th, 1853, since which time it has been in a prosperous condition. The majority of the physicians practicing in the eastern portion of this (Hamilton) County, are at present members of it.

The officers for the present year, are :

*President*—W. W. HIGHLANDS, Newtown.

*Vice President*—L. M. ROGERS, 17th Ward.

*Secretary*—W. P. ELSTUN, Columbia.

*Ass't Secretary*—MILO BLACK, Madisonville.

The society meets on the first Tuesday of each month, when business is transacted in the order laid down in the Constitution and By-Laws, a copy of which I send you with this.

I can only send you an abstract of the proceedings of the last two meetings.

*December 4th, 1855.* The society met at the residence of Dr. W. P. Elstun—Dr. J. A. Black, in the Chair. Drs. L. W. Bishop and Geo. F. Kennedy, of Mt. Washington, were elected members.

Reports of the state of the health in the different districts were called for, when all of the members reported that Intermittent Fever had prevailed to an unusual degree ; especially in Madison and its vicinity, Newtown, Mt. Washington, Columbia, Pendleton and the 17th Ward.

Dr. J. A. Black reported a case of menorrhagia, and asked for suggestions as to its treatment. Quite a lengthy discussion was had as to its treatment, which was terminated by requesting Dr. Black to prepare a paper on uterine hemorrhage, for the next meeting.

Dr. L. M. Rogers reported the case of a woman who had aborted in four successive pregnancies, and had never carried a fetus to full term. The last abortion was preceded by mild dysentery, and accompanied by passive hemorrhage from the mouth and throat.

Dr. Ferris said that he had observed an unusual tendency to irritation of the bladder in several cases of dysentery.

He also gave the history of a case of abortion produced by the means of a catheter, to which he had been called to with Dr. Green. This woman had also taken whiskey and ext. logwood to make sure of the abortion.

Dr. Ferris also gave the history of a case of cholera which passed into the stage of collapse, but finally recovered, from the treatment recommended in Dr. Knapp's pamphlet on cholera. The Dr. thinks this treatment worthy of trial in cholera.

Dr. Elstun said that he had observed a scorbutic condition in several cases of intermittent fever, and also gave the treatment of one well marked case of scurvy. Dr. Rogers also reported a case of scurvy under treatment.

Dr. E. H. Ferris was requested to prepare a paper to be read at the next meeting.

The Society adjourned to meet at Madisonville, on the first Tuesday in February.

The Society met pursuant to adjournment, *Feb. 5th*, 1856.—The President in the Chair. Dr. D. Myers, of Montgomery, was recommended by Dr. M. Black, and was elected a member of the Society.

Dr. J. A. Black read an essay on uterine hemorrhage which was laid over for discussion at the next meeting.

The health of the various districts was reported good. Some few cases of pneumonia, pleurisy, and erysipelas had been treated.

Dr. Elstun reported a fatal case of tetanus, caused by cold.

Dr. Highlands reported the case of an old lady, on the inside of whose cheek a purple spot had existed for several years. About three months since, she was seized with a catarrhal inflammation of the throat, when the spot inflamed and ulcerated, since which time it has extended notwithstanding the application of astringents, stimulants and caustics.

Dr. Ferris being absent, no paper was read.

The Secretary was on motion, instructed to prepare an abstract of the minutes of the society for its two last meetings, and send it to the *Cincinnati Medical Observer*, with a request to publish it.

Adjourned to the 1st Tuesday in March.

W. P. ELSTUN, *Secretary*.

## REVIEWS AND NOTICES.

ART. VIII.—*The Organic Diseases and Functional Disorders of the Stomach* By GEORGE BUDD, M. D., F. R. S., Professor of Medicine in King's College, London; Late Fellow of Caius College, Cambridge; Author of a "Treatise on Diseases of the Liver," etc. Philadelphia: Blanchard & Lea, 1866. pp. 262.

THIS volume consists of sixteen Lectures, which first appeared in the *Medical Times and Gazette*, in 1853 and 1854, and now re-published.

LECTURE I. Introduction. Difficulties attending the study of stomach disorders, which are cursorily pointed out. Self-digestion of the stomach, or changes that take place in the coats of the stomach after death, from the action of the gastric juice, and which increase the difficulty of recognizing the pathological condition. Instances of this are pointed out at some length.

LECTURE II. Softening of the coats of the stomach from the action of the gastric juice after death. Different circumstances under which it occurs. Inferences to be drawn from them.

LECTURE III. The organic diseases and functional disorders of the stomach. Arrangement of the subject. Congestion of the stomach, resulting from an impediment to the course of blood through the liver or the chest. Congestion from other causes. Congestion, as being one of the simplest, very common, and very important of organic changes, is first treated of, before more complicated conditions are introduced.

LECTURE IV. Inflammation of the stomach—its various kinds or degrees; whether from undigested food, alcoholic drinks, more powerful mechanical or chemical irritants, defective nutriment, or the presence of noxious matter in the blood. The different effects of inflammation, as modified by these causes, is dwelt upon at some length.

LECTURES V. Is a continuation of the same subject. As a specimen of style, and containing a summary of the *treatment* of inflammation, we give the following:

"In the *treatment* of inflammation of the mucous membrane of the stomach, the fundamental point is to give the stomach sufficient intervals of rest and to avoid irritating it by physic or

food. For inflammation brought on by alcoholic drinks, or by undigested or irritating food, nothing more is generally necessary than cooling drinks, and restriction for a few days to a sparing diet, consisting of light broths, farinaceous substances, and milk. If the inflammation be very severe, causing much pain and tenderness, with a sense of heat at the stomach, and frequent vomiting on the contact of food, leeches may be applied to the epigastrium; the stomach may be cooled, and its irritability much lessened, by sipping from time to time iced water, or by holding pieces of ice in the mouth and swallowing the water as the ice dissolves; and the diet may be still further restricted. Broths may be interdicted, and, for a few days, nothing more be allowed than the simplest drinks, and those farinaceous substances that are principally composed of starch. In active inflammation of the entire stomach, or when, from any cause, the digestive power is very feeble, there is usually dislike of animal food, and, by a natural instinct, arrowroot, gruel, etc., are substituted for it. Even farinaceous substances, when they contain much gluten, are found to be heavy and oppressive. The peculiar business of the stomach is to dissolve the albuminous constituents of the food. The gastric juice has comparatively little action on the starch, which, consequently, taxes the stomach less, most probably passes out of the stomach more quickly, and is certainly found, when the digestive power is suspended, to be less oppressive to it. As I have before observed, the restoration of the stomach to its healthy condition is greatly promoted by the active nutrition of its lining membrane."

LECTURE VI. Ulceration of the mucous membrane of the stomach. The perforating or simple ulcer. The causes, effects, and diagnosis, are fully discussed.

LECTURE VII. The treatment of perforating ulcer of the stomach; perforating ulcer of the duodenum; minute superficial ulcers of the stomach.

LECTURE VIII. Cancer of the stomach. Treated of under the heads of causes, effects, symptoms, diagnosis, and treatment. The whole subject of this disease, which is often difficult of diagnosis, is as clearly treated of, without being extended to a great length.

LECTURE IX. Sympathetic disorders of the stomach from irritation elsewhere. This is one of the most important chapters in the book, on account of the frequency of secondary functional disorders of the stomach.



LECTURE X. Deficient secretion of gastric juice, and slow and imperfect digestion, are treated of at some length.

LECTURE XI. Fermentation in the contents of the stomach, with development of *sarcinae*.

LECTURE XII. Indigestion arising from defective action of one of the excreting organs, or from some fault in the nutritive processes in other parts of the body. These relations of the stomach are among the most important, physiologically, and become so pathologically. The systematic manner in which they are treated, renders the subject extremely interesting and instructive.

LECTURE XIII. Forms of indigestion characterized by some peculiarity in the symptoms—*urticaria*, *pyrosis*.

LECTURE XIV. Symptoms of stomach disorders—pain and soreness of the epigastrium, vomiting, excessive acidity, flatulence. It is well known, that the symptoms treated of in this lecture may result from very different conditions, and the object is to pass them in review in such a manner as to determine their diagnostic importance under the different circumstances in which they exist, together with the treatment adapted to remove them.

LECTURE XV. On some of the remedies for stomach disorders—*ippecacuanha*, bismuth, the vegetable astringents—hydrocyanic acid, the alkalies. On this subject he remarks:

“We have greater power over the disorders of the stomach than over those of any other organ of equal importance.

“In the first place, we can, for a time, lessen its work, and so lessen its vascularity, more than that of most other organs. The action of the lungs must go on without ceasing. The blood that has ministered to nutrition is returned from every part of the body to the lungs, and must there evolve the carbonic acid with which it is charged. Interruption of the process, even for a few minutes, is death. In the liver and in the kidney, an active process of secretion is always going on, and we have no power to arrest it, for however short a time. But, if needful, the stomach may be kept entirely without food for twelve or twenty-four hours, or longer still, and its work may be greatly lessened for a considerable time.

“This power to give the stomach entire rest for many hours, and to lessen its work, and so lessen its vascularity, for a considerable time, is of great avail in subduing or mitigating the inflammatory diseases to which it is subject.

“Again, we can act by medicines more directly and more

variously on the stomach than on any other organ. Our medicines are applied directly to it, and have, many of them, a direct local action upon its coats. Ipecacuanha, rhubarb, and ginger, increase its secretion, and bismuth, lime, and the vegetable astringents, restrain undue secretion, by their direct action on the secreting membrane. Opium, prussic acid, and carbonic acid, allay pain, and check vomiting, not only by their influence on the system at large, but also by their direct action on the nerves of the stomach itself. Ice-water, which is another powerful agent in controlling vomiting when this depends on an inflammatory condition of the coats of the stomach, acts directly by lowering the temperature of the stomach itself. Acids and alkalies, which are very efficient remedies in some kinds of gastric disorder, in addition to their more remote effects, have a direct action on the lining membrane of the stomach, and on the fluids secreted by it. Carminatives, again, probably owe their efficacy chiefly to the immediate action they exert on the coats of the stomach."

LECTURE XVI. The subject of remedies is continued—the mineral acids, the vegetable bitters, the preparations of steel, purgatives, general rules of living.

Under all of these heads much is stated that is important. Among the directions in reference to general rules of living, we find the following maxims from Sir Henry Holland, in reference to more easy and perfect digestion :

"*First*, That the food should be well masticated.

"*Second*, That the stomach should never be filled to a sense of uneasy repletion.

"*Third*, That there should be no urgent exercise, either of body or mind, immediately after a full meal."

In reference to the time of taking meals, the following rules are adopted as the best, under the circumstances by which society is governed in large cities, and where fashion and custom interfere with early rising :

"*First*, That the substantial repasts should be separated by an interval sufficient to allow the stomach to recruit its power.

"*Second*, That abstinence from food should never be so protracted as to induce a sense of exhaustion. Exhaustion from fasting, as from other causes, weakens the digestive powers. If then, the interval between breakfast and dinner be long, a light luncheon should be taken ; if the dinner be in the middle of the day, a light supper should be taken.

"*Third*, The last heavy meal should be taken some hours before bed-time."

In summing up we would say, that this is one of the most reliable books we have on diseases of the stomach, and should be in the library of every practitioner of medicine.

For sale by Moore, Wiltach, Keys and Overend. Price, \$1.50.

ART. IX.—*Synoptical View of Diseases of the Skin*.—Forming a concordance from the classifications and nomenclatures adopted by Plenck, Alibert, Willan, M. M. Rayer, Cazenave, Gibert, and the author: and an exposé of the historic elements proper to show the etymology, morbid characters, apparent and anatomic seat, causes, progress, duration, modes of termination, diagnosis, prognosis, species or varieties, and the treatment of the principal cutaneous disease, by DUCHESNE-DUPARC, M. D., Paris. Translated by Adino B. Hall, M. D., Boston.

We are much obliged to our old Paris friend, Dr. Hall for the "Synoptical View." It is a well arranged abstract of the whole family of cutaneous diseases. We are sorry that Duchesne-Duparc has omitted all mention of Dèvergie. His classification has its good points as well as those mentioned in the "View." We have great respect for M. Dèvergie as a dermatologist and preserve in lively remembrance many valuable lessons of his, delivered at the Hospital St. Louis, in Paris, in '53-4. We hope Dr. Hall will find it necessary to bring out a second edition. The only objection to this edition is its inconvenient size, which could be changed in another edition, with much benefit to those who wish to consult it. We recommend this "View" to our readers, as being comprehensive and concise.

It may be had of the Translator, or of David Clapp, Boston, Massachusetts.

We can not name the price, but suppose it not to be above one dollar. †

ART. X.—*Fifth Annual Report of the Board of Directors of the House of Refuge of Cincinnati, for the year 1866.*

We are indebted to our friend Dr. O. M. Langdon, the physician of the House of Refuge, for a copy of the above report.

It contains much valuable and interesting information for

the philanthropist, and well-wisher of the rising generation. The House has not disappointed the hopes of its most ardent friends.

The number received during the year was 231, of which 180 were boys, and 51 girls. One hundred and twenty-four were committed by the Police Court, showing the necessity and usefulness of such a house.

It is, however, the report of the physician which interests us the most. A very large number of cases of intermittent fever have been treated during the past year—much larger than during any previous one, while remittent and typhoid fever has diminished. Ophthalmia of various grades has prevailed largely, as is the case always where a large number of children are collected together. The disease was obedient to treatment, and the Doctor congratulates himself that in no one case was vision impaired. This is certainly very creditable, when we consider the prevalence of the scrofulous vice generally observed in the inmates of such houses.

Every child entering the House was vaccinated. "On at least one half of those who had been vaccinated before their admission to the House, the phenomena presented were precisely the same as if the virus had been inserted for the first time, showing most conclusively that their systems were fully susceptible to the influence of smallpox."

Three deaths occurred during the year. The history of one of these, though brief, is very interesting, and we give it as reported.

"James Buther, aged 15, died May 16th, 1855, of a low grade of fever with great constitutional irritation. When he first came into the House, although his general appearance was tolerably good, it was observed that his respiration was laborious, and that speaking fatigued him. The symptoms presented during his illness induced the belief that he was laboring under pyemia. When he first took his bed, he complained of a severe lancinating pain in the left side, which was entirely relieved by the application of a blister; he had no cough or expectoration, and had not complained of pain before; upon examining his chest, dullness on percussion and no respiratory sound whatever, was found upon the left side; the impulse and sound of the heart were entirely on

the right of the sternum. The autopsy revealed the fact, that a great amount of disease had existed for a long time in his chest; scarcely a vestige of the left lung could be found; the cavity of the left pleura was nearly filled with a thin sanious purulent matter, about three pints in quantity, and the heart was forced from its normal position and occupied a place to the right of the median line."

Any of our readers can procure a copy of the Report by addressing the Secretary of the House of Refuge. †

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EDITORIAL AND MISCELLANY.

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MEDICAL COMMENCEMENTS.

SINCE our last issue, the commencement exercises in the schools were held.

The fourth annual one of the MIAMI MEDICAL COLLEGE was held at the Melodeon on Monday evening, the 25th February. A large audience of ladies and gentlemen, was present.

The exercises were opened by prayer, by the Rev. Dr. Fisher, after which the Rev. Dr. Charles Elliott, President of the Board of Trustees, addressed the graduating class, and conferred the degrees on the following gentlemen.

Their names are as follows:

A. BUCKINGHAM, Ohio,—Arsenic and its Preparations.

JESSE BARBRE, Illinois.—The Etiology of Miasmatic Fevers.

JOSEPH J. CARTER, Indiana,—Identity of Fever and Inflammation.

JNO. W. COLEMAN, Illinois,—Dysentery.

E. DEAN, Indiana,—Causes of Inflammation.

M. H. HAYNES, Ohio,—Contagion of Asiatic Cholera.

ELISHA HUBBARD, Mass.,—Ovarian Dropsy.

R. E. JONES, Ohio,—Causes of Dropsy.

R. P. KENDALL, Illinois,—History of Auscultation.

JAS. R. LEEDER, Michigan,—Intermittent Fever.

H. C. MCALISTER, Indiana,—Anæmia.

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D. McCAUGHAN, Indiana,—Scrofula.

JOS. C. ROSS, Ohio,—Physiology of Parturition.

WM. STANTON, Ohio,—Tonsillitis.

JNO. A. THACKER, Ohio,—Therapeutic Properties of Water.

JAS. WEBSTER, Indiana,—Pneumonia.

J. C. WELLES, Indiana,—Hemorrhage.

E. C. WOOLLEY, Ohio,—Digestion.

Prof. H. E. Foote delivered a very excellent and well written valedictory. It has seldom been our fortune to listen to one so good. The class, with several professional friends, repaired to the residence of Prof. J. F. White, where the latter part of the evening was closed by a sumptuous entertainment.

The MEDICAL COLLEGE OF OHIO held its exercises on the same evening. The Hon. John P. Foote delivered the address, and conferred the degrees.

Prof. Jno. A. Warder gave the valedictory to the following graduates:

C. R. AUTEN, Ohio.	R. D. HOBDAY, Ky.
W. R. BENNETT, Penn.	J. D. LINDSAY, Ky.
F. W. BURKE, Ireland.	H. C. LASSING, Ky.
W. A. CARMICHAEL, Ohio.	W. S. MOORE, Ohio.
W. H. CARPENTER, Ohio.	S. MILEHAM, Ky.
JAS. H. GREENE, Indiana.	H. O. PERRY, Conn.
J. R. HARROD, Indiana.	G. ROOD, Wisconsin.
E. C. SHARPE, Ohio.	J. SIGAFOSS, Ohio.
G. H. STEWART, Ky.	

The honorary degree was conferred on Drs. W. S. Bates, Geo. McCook, and Wm. Johnston.

We learn from the *Western Lancet* that the Medical College of Ohio is in a promising condition, and that its future prospects are good.

The Miami Medical College is in a prosperous condition. Its classes have increased every year from its commencement, notwithstanding the general decrease in the number of students in attendance at the various schools. Cincinnati is *the point* in the West for medical schools, and we may add, that if proper exertions are made, we can see no good reason why southern students should

not find it attractive. As journalists, our strongest efforts will be directed to building up the *regular schools*, provided they shall be conducted on honorable principles, and for the benefit of the profession. We feel confident, that the advantages offered here to the student for a sound, practical education, are as good as those of any other place in the country.

We regret our inability to give our readers any account of the CINCINNATI COLLEGE OF MEDICINE AND SURGERY, as we have been unable to lay our hands on any official statement of the number of its graduates.

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MEDICAL ETHICS.

It is a matter for congratulation, that the subject of medical morals is as well understood by the profession as it is at the present time: that this barrier, which separates charlatans of every species from the votaries of scientific medicine, is so well marked and laid down that the "wayfaring man can not err." During the present proclivity to quackery, both in and out of what is termed the regular profession, the land-marks of the Code of Ethics adopted by the American Medical Association, plainly point out who are, and who are not, the real friends of scientific medicine. This code has been adopted by most of the medical societies in the United States; it has been held up as a "good model" by European authority of the highest standing, and recommended to the English as a basis for an "authorized code." In fact, it is the only line of demarcation by which we can designate some of the specious forms of quackery and gull-traps; while at the same time it is sufficiently liberal to include all the varied forms of investigation and research in our profession, by which true progress can be made. It fetters no man's medical opinions, unless they are founded upon a single fallacious dogma, or they are addressed to the public for sinister purposes. One of its prominent features is, that we are brethren of a liberal profession, and that it is the privilege and duty of every member to contribute to its great reservoir of knowledge; and in return freely receive the improvements added to it, by all his co-laborers, without diminishing in any degree the common stock.

It is true, that we hear an occasional rumbling in the distance, of dissatisfaction, which appears to be mostly from a few disaffected members of the profession, who are ever disposed to fault-finding. We do not mean to impugn the motives of all that are dissatisfied with the code, but we are strongly inclined to the opinion that but few who have carefully examined it, and have the good of the profession at heart, are opposed it. A special committee of the State Medical Society of Ohio was appointed to report upon Ethics, which, as we are informed, made a report, the great point of which was made up of personal abuse of some members of the profession; and this was, no doubt, the principal object of the chairman of the committee, when appointed. It was promptly and properly rejected by the society. It is, however, the present text-book of "Eclectic" quacks, and other "curs of low degree," in their abuse of the regular profession; they find in it just the materials they wish for in their war upon scientific medicine. These allies against the code have the satisfaction of being on the same ground; they are both operating with the same end in view, and both, no doubt, fully and *feelingly* understand the force of the remark that

"No rogue e'er felt the halter draw,  
With good opinion of the law."

This committee must feel highly flattered with the company they are now in, and we hope they will have a good time jubilating together.

In the support of a good written code of ethics, every true member of the profession has a direct interest. It is his shield of protection from treachery within, and assaults from without. Every medical Society in the land should adopt and be governed by it, and particularly if they wish a representation in the Great National Medical Congress, as all societies are excluded which do not adopt the code.

The professors of every medical college should instil into the minds of students the great principles of ethics, along with their scientific training. The honors of colleges should be conferred upon no one who is not willing to pledge himself to abide the requisitions of "law and order," when admitted by his diploma to the profession of medicine. This step has been taken by one



college ; perhaps by more, but of this we are not informed. Certain it is, that the protection and honors extended by colleges to their graduates, should never be permitted to be soiled by being prostituted to quackery, without the power of withdrawing them when an important occasion may justify it. With as much propriety a certificate of good moral character might be used long after it had ceased to be true, although it might have been true when given. The same power of withdrawal should be retained in one case as in another. It may seem to be an unnecessary labor to attempt the defense, or say anything in the favor of a code of ethics, which has received such universal approval that it may now be considered as the Confession of Faith of the great mass of the profession ; yet we trust good will result from an occasional review of the ground we occupy. This journal will of course never step aside to notice any assaults on our adopted regulations, made by persons not members of the profession, or by outside quacks, while at the same time we intend to redeem the pledge we made in our first number—to support the National Code.

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NATIONAL MEDICAL ASSOCIATION.

As the time for the meeting of this distinguished body draws nigh, we hope the majority of our readers are preparing to be present. It is every man's duty either to go himself, or send a representative. In some quarters we have heard it said, that the Association is of no benefit—has done nothing for the advancement of the science. To all such we can only answer by directing them to the opinions of almost all of the foreign journals. The doings of the Association have received the highest praise, and it is regarded, as it deserves to be, as very distinguished. It has done much ; and even if it had accomplished nothing more than the Code of Ethics, it deserves the greatest respect of all. Of the Association we feel proud, and hope all may be stirred by the same feeling.

It has made us respectable at home, both in and out of the profession. Its moral force is great, and to be a member of it

is the darling desire of many who can never attain such elevation and distinction. We are sorry that it contains some persons whose associations with quacks, and whose professional relations generally are very reprehensible. In this connection we think that greater scrutiny is to be exercised in future, as to the position of delegates.

There are some who should be expelled from it, and as we hope to be present we intend to move their expulsion. The panoply of the Association can not cover these fellows, with our permission.

We hope, then, that our readers are animated with a high regard for the Association, and that they will turn out accordingly. Let every one remember, that by encouraging it he is doing mighty battle against quackery. Quacks of all colors and degrees hate, with an intense hatred, the American Medical Association, for the reason that the Code of Ethics effectually and completely cuts them off, and places them in that position they so richly merit—dishonorable and disreputable. †

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#### MIAMI MEDICAL ASSOCIATION.

At the request of this association we published the abstract of its proceedings. We feel under obligations to the society for having selected the *Observer* as its medium of publication. Several of our friends are members of the society, and we feel sure that they can make their proceedings of much value to themselves and our readers. We hope, and would suggest, that our friend Elstun will give us a more complete report of the remarks of each member, in the various discussions, and in reporting cases, in the next abstract he sends us.

We learn that this society is in a prosperous condition, and we sincerely hope it may continue so. Its organization is most excellent, and in adopting and publishing the National Code of Ethics with its constitution, we have the strongest evidence of the high tone of its members, and of its future success.

The *Code of Ethics* is one of the great differences between the

regular scientific profession and the horde of quacks outside of it. Those who refuse to be governed by the *Code* are not to be trusted either as physicians or gentlemen.

We can not let pass the occasion to extract the short chapter on "pecuniary acknowledgements," which we find the society has adopted and appended to the Code of Ethics. It is as follows :

" Since the laws of Ohio are such that our profession is unable to collect debts from more than one half of those who are able to pay, it is just and right that we should adopt some measure by which we can assist each other in collecting fees from dishonest or avaricious persons.

" Such persons being in the habit of changing physicians whenever urged to pay a bill, or think themselves neglected by their regular attendant, many of our profession submit to such treatment rather than run the risk of having a neighbor injure his practice by taking one of his families. Consequently such persons always have the best attention, but seldom pay for it.

" We therefore propose the following, to obviate, in some degree, this imposition :

" Every physician being the best judge as to the honesty of persons he is in the habit of attending, shall make out a delinquent list, consisting of such persons or families as he may think able, but unwilling to pay, and place it in the hands of his neighboring practitioners, and it shall be the duty of every physician having such list, to refuse to attend any person or family whose name is in such list, until the bill of the former be paid : and in such case they must be notified that no farther medical aid can be rendered until their former bill or bills be paid.

" No name shall be entered on said list until their bills have been presented more than once.

" The physician who makes out such list shall be governed by the laws, the same as those to whom he may have given such list."

Several years ago an effort was made by several members of the Medico-Chirurgical Society, of this city, to have a "black-list" made out, which should include all who being able, would not pay for services rendered. The society refused, however, to pass it.

The Miami Medical Association is composed of men, we are sure, who wish well to each other, to their profession, and the public. We know of many people who never pay their doctor, but send for another as soon as the bill is presented. This should

be stopped. It is a crying evil, and we are pleased to see the above law adopted by our friends. We have much to say on this matter, especially of fees, and the behavior of a class of men in regard to them. Probably in our next number we may say something on it. We bid our friends of the Miami Medical Association "God speed."

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THE MEDICAL INSTITUTE OF CINCINNATI.

The Lectures in this Summer School commenced on the 10th March, with a very respectable class. It has been in existence for several years. The lecturers are our personal friends, and are enthusiastic and laborious, and will do all they promise, to the best of their ability.

Four lectures will be given daily, which in addition to the advantages in the hospitals will certainly be profitable to the student. In addition there is a daily Clinique held in the Dispensary of the College, by the Faculty of the Miami Medical College, which will be very profitable.

The number of patients prescribed for, is large and among them a great variety of disease is to be seen. We feel confident that no student will regret the time spent at the Institute. We would direct those interested, to the card in our advertising sheet.

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MONTHLY CHAT.

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*Medical Society of Jay Co., Indiana.*—We have received the constitution, fee-bill, etc., of this society, from the secretary, Dr. E. M. Morrison. It is an excellent constitution. The fee-bill may be properly adapted to the locality, but in some respects it appears to be too low. For instance, attendance in natural labor is put at \$4 to \$6; use of forceps, \$5 to \$10. The former should

be \$5 to \$10, and the latter from \$10 to \$20, in any community. We are promised contributions from this society, and anticipate something valuable, from the spirit which characterizes its commencement, and the known zeal and standing of its members.

*Medical Society of Putnam Co., Indiana.*—Our friend Dr. Lynch, of Greencastle, has forwarded us the constitution, regulations, scale of fees, membership, etc., of this association. It holds quarterly meetings, and the regulations of the society, if faithfully observed, can not but prove highly profitable. We notice one rule makes it the duty of every member to keep a record of important cases—age, sex, temperament, etc., of patients—type, symptoms, duration, etc., of disease—*post mortem* appearances, when a *post mortem* is practicable, and render these reports to the society. We also note a rule for a *black-list*. Both these societies adopt the Code of Ethics of Am. Med. Assoc. Success to them, and all other societies founded on the proper basis.

*The Medical Independent.*—We have received the first number of a new medical journal, with this title, published by Elwood & Co., Detroit, Mich., and edited by Drs. Goadby, Kane, and Robinson. Every department of the specimen number before us bears evidence of earnest industry and vigor. We do not know what may be the particular necessity for a new medical journal in the Peninsular State—these are matters that the profession there, we presume, will judge of, and support accordingly.

THE Faculty of the Miami Medical College, after a special examination, elected Drs. Jas. C. Welles, of Indiana, and Jno. A. Thacker, of Ohio, both of the graduating class, as the Resident Physicians and Surgeons of St. John's Hotel for Invalids, for the ensuing year.

THE Faculty of the Medical College of Ohio, appointed Drs. Moore, Sharpe, and Hobday, the Resident Physicians of the Commercial Hospital.

*Delegates to Am. Med. Association.*—At the last meeting of the Medico-Chirurg. Society, of this city, held March 7th, the

following gentlemen were elected delegates to the Am. Med. Association :

Prof. JNO. F. WHITE,  
Dr. J. BIRD SMITH,  
Dr. W. H. MUSSEY,  
Prof. J. P. JUDKINS.

Professors Mussey and Mendenhall have been appointed the delegates of the Faculty of the Miami Med. College.

*Gundry's and Bacon's Mercantile College.*—Certificates of scholarship may be had, for either of these valuable and popular schools, by application to the publisher of the *Observer*—at a reasonable discount.

DR. PLUMMER's article on "Clergymen and Physicians" has excited considerable interest among our readers ; we have received several communications in reply, one of which, that of Dr. Parvin, of Indianapolis, will be read with interest ; one or more, perhaps, will have a place next month.

*Transactions of the Ohio State Medical Society for 1855.*—The Proceedings and Transactions of our State Med. Soc., held last year at Zanesville, have just been received. We have not had time as yet to give it more than a cursory examination, though we have re-read the proceedings carefully, and looked through some of the papers. The Report of Prof. Lawson on Practice, is full and able. Dr. Gordon's paper urges the value of quinine in cholera. In Prof. Armor's brief Report on Medical Literature, we find several very valuable suggestions ; for instance, as an element of better teaching, he proposes, that "Preceptors should require frequent *written communications* from their pupils, in order that they may cultivate systematic habits of thought," etc. We shall, perhaps, recur to these Transactions again. We regard it as very unfortunate that the Committee of Publication are compelled to defer putting them to press so long after the meeting of the Society. For this, we understand, the members are to blame, in withholding their dues. Local societies will bear in mind that the next meeting will be held in Columbus the first Tuesday of next June. †

*American Medical Association.*—The Ninth Annual Meeting of the American Medical Association will be held in the City of Detroit, Michigan, on Tuesday, May 6th, 1856.

The secretaries of all societies and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations, *as soon as they may be appointed*; and it is *earnestly* desired, by the Committee of Arrangements, that the appointments be made at as early a period as possible.

The following extracts are from Article 2d of the Constitution :

“ Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number.

“ The Faculty of every regularly constituted Medical College, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred patients or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution, of good standing, shall have the privilege of sending one delegate.

“ Delegates representing the Medical Staff of the United States Army and Navy shall be appointed by the Chiefs of the Army and Navy Medical Bureau. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers.”

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the Constitution, at the meeting of the Association held in New York, in May, 1853.

WILLIAM BRODIE, M. D., Detroit, Mich.,

*One of the Secretaries.*

As supplemental to the above regulations in the admission of delegates, the following resolutions were adopted at the meeting held in Philadelphia, in May last :

*Resolved*, That no State or local society shall hereafter be entitled to representation in this Association that has not adopted its Code of Ethics.

*Resolved*, That no State or local society that has intentionally violated or disregarded any article or clause in the Code of Ethics, shall any longer be entitled to representation in this body.

*Resolved*, That no organization or institution entitled to representation in this Association shall be considered in good standing, which has not adopted its Code of Ethics.

[EDS. OBSERVER.]

MONTHLY SUMMARY.

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*On the treatment of Hæmoptysis.* By M. ARAN.—M. Aran agrees with those who entirely condemn the employment of blood-letting in the treatment of hæmoptysis, as it only temporarily arrests the bleeding, while it is dangerous, owing to the debility, and increased susceptibility to the intercurrent affections it gives rise to. He has, for some time past, been engaged in testing the efficacy of the various hæmostatic agents employed in hæmoptysis; and in this paper he gives the results of his observations. He considers the essence of turpentine a most valuable remedy, given in doses of from 10 to 30 drops every hour, either in a spoonful of water, or mixed up with magnesia, as a bolus. Marked amendment usually occurs in a few hours, and in from twenty-four to thirty-six hours the bleeding ceases. It is less suitable for young or plethoric subjects with febrile action, than in weak cachectic individuals, exhibiting atonic characteristics. Ergot of rye and ergotine are far less efficacious; but chloride of sodium, given in doses of 1 to 2½ drachms, proves very efficacious in some cases, and has the advantage of being always at hand. Among the astringents, tannin, and especially gallic acid, are to be recommended; the latter, while quite as efficacious, does not exert the same desiccating effect upon the tissues, or induce the obstinate constipation produced by tannin. As a mean dose, M. Aran gives 15 centigrammes (a centigramme is  $\frac{1}{4}$  grain) every hour or alternative hour. He has had little experience in the use of emetic and nauseating remedies; but in three cases in which veratrine was employed, the bleeding ceased as if by enchantment. This class of remedies, indeed, would deserve to stand in the first class of hæmostatic agents, were there not others possessing like efficacy, and yet not giving rise to the painful nausea these produce. M. Aran has derived great advantage from the combined use of digitalis and nitre. In ordinary cases, he gives, in the twenty-four hours, 30 centigrammes of digitalis, and 1½ gramme (a gramme is 15 grains) of nitre, divided into four doses; but in very severe cases, these doses may be very much increased, so that the digitalis has been given to the extent of 1½ gramme, and the nitre to 4 grammes, without injuriously affecting the action of the heart, while the effect produced on the hemorrhage has been remarkable. Its arrest never, however, takes place so suddenly, under the use of these medicines, as when turpentine or gallic acid is employed.



In abundant, but not immediately dangerous hemorrhage, we can choose among any of the above-mentioned means. In extremely abundant hemorrhage, we must arrest the flow as speedily as possible, by agents which do not depress the powers of the economy too much, and which are not too slow in their operation. Neither ergot, acetate of lead, nor alum, is sufficient to meet the danger. Turpentine, gallic acid, chloride of sodium, or nitre with digitalis, can alone be trusted; but the necessity of increasing the dose, with the intensity of the hemorrhage, may, perhaps, render the chloride of sodium, and especially the nitre and digitalis, dangerous, through the possibility of the production of a too great depression of the heart's action. It is, therefore, to gallic acid, or turpentine, that we must chiefly trust in these severe cases; and we must not limit ourselves to their employment, but also endeavor to procure a temporary arrest of the hemorrhage by ligatures to the limbs, and the application of ice to the chest, allowing the means employed internally to consolidate this temporary cure.—*Med. Times and Gaz.*, Jan., 1856, from *Gaz. Hôp.*, 1855.

*Apparatus for Fracture of the Clavicle.*—The indications of treatment of fracture of the clavicle require an apparatus which will restore the outer fragment to the original line of continuity of the bone, by restoring to the shoulder that support which the sound bone had given to it. The direction of that support is in the natural line of the clavicle, upward, backward, and outward.

If the shoulder, and with it the outer fragment, be thus supported, the tendency to displacement, with the exception of the slighter lateral displacing causes, will be overcome. An apparatus fulfilling these indications should also be capable of steadily retaining its position without disposition to slip or yield; comfortable during a protracted confinement of the shoulder and limb; applicable to varied circumstances of fracture, and simple in its construction.

The following is the description given by Dr. Levis of his apparatus:

It consists of a short, firm pad in the axilla, by which the shoulder is held from the side, and over which, as a fulcrum, the elbow is drawn to the side. To the front and back of the axillary pad are fastened straps, which pass directly upwards, and are buckled to a wide main supporting band, which passes from the shoulder across the upper part of the back, and over the shoulder of the sound side, and terminates on the front of the chest.

By this means the shoulder is supported, and the pad immovably held high in the axilla, where its pressure can be more

conveniently borne than when its widest part compresses the brachial nerves and vessels lower down ; besides, a better leverage is thus given to the arm over the pad.

To the front end of the wide supporting band is suspended a sling, by which the elbow is supported. On the back of the sling, at a short distance above the point of the elbow, a strap is attached, which passes obliquely across the back, and, coming in front, and under the sound arm, is buckled to the main supporting band. The action of this strap is to draw the elbow to the side, at the same time supporting it, and its opposite attachment in front prevents the tendency of the wide band to ride upward and press uncomfortably on the superficial vessels of the neck.

By this combination, united so as to form one continuous piece, requiring no extra bandage over it, the shoulder is firmly held in the proper direction without any risk of yielding or slipping of the apparatus, and so secure that the most restless patient can not disarrange it.

In adjusting the apparatus, the arm is passed through the opening above the pad, the wide band thrown across the opposite shoulder, the elbow placed in the sling, and the long strap attached to the back of the sling brought round in front.

In removing it from the patient, it is only requisite to loosen the long back strap which draws in the elbow, by unbuckling it at its front attachment. The other straps need never be removed from the buckles.

The apparatus may be made of any strong material, as webbing, drilling, or soft leather. The width of the wide band should be from two to four inches. The straps which press upon the surface were slightly padded in the apparatus as the writer has used it, but this may not always be essential, and temporary pads might be placed if the pressure should become anywhere uncomfortable. Thus constructed, it can be very speedily prepared at an emergency, and buttons and button-holes might even take the place of buckles.

The limited opportunities of the writer have not given very many occasions for the application of the apparatus, but its use was in those cases so satisfactory as to induce him to offer a notice of it, feeling the value of any improvement in the treatment of a fracture acknowledged to be more frequent, more difficult of retaining a correct apposition, and more generally followed by deformity, than any other.—*Am. Jour. of the Med. Sciences.*

*Empress of the French.*—The pregnancy of the Empress of the French is an event scarcely second to any of the present age in importance, not only to the destinies of France, but to the

interests of Europe, and the world at large. Sinister rumors have been set afloat in Paris by those disaffected to the Bonapartist dynasty; and it is in the highest degree imperative, that the gestation of her Imperial majesty, and the birth of a direct heir to the Empire, should receive the highest scientific attention, and be watched with the greatest and most impartial assiduity. We alluded to this subject in the last number of *The Lancet*; and we are informed on good authority, that Dr. Locock wishes it to be mentioned, that certain of the points referred to by our "Correspondent," are not entirely correct. The Empress was in this country in April last, and we believe Dr. Locock was consulted at that time; and he was subsequently summoned to the Palace of the Tuilleries. The Empress Eugenie did not become pregnant until the last week in June. Dr. Locock was first consulted in this country, and he then attended a consultation of distinguished physicians and surgeons in Paris before that auspicious event occurred. Dr. Locock has not yet been requested to attend at the approaching accouchement of the Consort of Napoleon III.; he has not, therefore, declined to attend. There are reasons of State, in France, for and against his attendance, but if his presence should be called for, we do not see why Dr. Locock should refuse his services.—*London Lancet*.

*Expulsion of Tænia by Pumpkin Seeds*.—I am indebted to Dr. H. B. Sherman, of this city, for the following case:—A child, aged eighteen months, was presented to him for advice, having glandular disease of the neck, tumid abdomen, unhealthy countenance, and symptoms which led him to suspect the existence of tape worm. This impression was confirmed by seeing fragments of the worm which had been obtained from the fecal discharges. He accordingly prepared a gill of emulsion from two ounces of pumpkin seeds, which the child took on the 24th of January, 1855, followed after three hours with castor oil. In two hours more, a tape worm was discharged, measuring full fifteen feet in length. At the time of this report, a few weeks since, the child was in excellent health, with no signs of a return of the verminous disorder.

Miss W. applied to me in December last to be treated for tape worm. On the 30th of December, at 5 o'clock A. M., she took eight ounces of pumpkin seed emulsion, and in three hours after she had three tablespoonfuls of castor oil. The medicine operated between 3 and 4 o'clock, P. M. The worm was voided in the first operation, and measured eighteen and a half feet in length. A few days after, the remedy was repeated, as an experiment, but no further indications of tænia were obtained.

The advantages of the method employed in the above cases are obvious. It is simple, mild, and efficacious. To avoid disappointment in prescribing for tape worm, a few points must be attended to. Patients are often suspected of having tape worm, from subjective symptoms only. These are not sufficient, and the failure of a remedy in such cases is presumptive proof that the diagnosis was wrong. The physician should *in all cases* insist upon ocular demonstration, which can easily be obtained, since portions of the worm are habitually voided by those who are infested with this parasite. The medicine also should be properly prepared and administered. For the convenience of those who have not a formula at hand, the following directions may be of service: Bruise three ounces of pumpkin seeds thoroughly in a mortar; add cold water, and beat the seeds with it intimately, until by expression and straining they yield eight ounces of emulsion. Let the patient take the above quantity in the morning, fasting, and follow it in two or three hours with a full cathartic dose of castor oil. Cold water is to be allowed, if desired, as a beverage, but no food should be taken, until after the operation of the purgative.—W. W. ELY, in *Boston Med. and Surg. Journal*.

*The Preparation of Blue Pill and Grey Powder.*—The preparation of these two most important articles, when the directions of the Pharmacopœia are strictly followed, is a very tedious process; so much so that most druggists generally order them from a wholesale house, not thinking it worth their while to compound their own. Now that a new Pharmacopœia is under consideration, and every one expected to give a hint or two if possible, I am induced to give my mode of manipulation, as I am not aware of its being followed by any one else. A most intimate and perfect division of the metal is effected in a very short time, and with comparatively little trouble, and with this recommendation, that the ingredients are in every respect the same as the Pharmacopœia formula.

*Pil Hydrarg.*—To make this, I triturate the mercury with the powdered liquorice (adding a small quantity of distilled or rose water) till the globules are quite imperceptible; the confection of roses is *next* added and all well mixed. The rapidity with which the liquorice “kills” the mercury is really astonishing to one accustomed to the old way of rubbing the metal with the conserve. It forms a perfectly homogeneous mass of a proper pill consistence.

*Hydrarg. cum Creta.*—For mixing this, I first put the mercury into a bottle with an equal weight of prepared chalk, and

well shake them together till the metal is invisible to the naked eye, which takes place in a few minutes. I then turn it out into a large Wedgwood mortar, and rub with the remainder of the chalk till the globules are no longer visible. The time consumed by these modes of operation is so short, that there can be no excuse for any one not preparing their own blue pill and grey powder, which it is obviously their duty to do, especially in a more exclusively dispensing establishment. A pound of blue pill was made as above in one hour, in which no globules were discoverable, even by a Coddington lens.—W. W. STODDART, M. D., in *Am. Jour. Phar.*

*Nitrate of Silver as a Remedy for Burns.*—I wish to call the attention of the readers of the *Examiner* to the value of the nitrate of silver as an application to burns and scalds. I have used it frequently, both in deep and superficial burns, and I have been equally surprised and gratified by the results. The advantages of the caustic application are numerous. It furnishes a complete protection to the inflamed surface, subdues the pain, arrests the serous discharge, changes the character of the inflammation, promotes a speedy cure, and, if I am not mistaken, prevents the formation of those ugly cicatrices, and the irregular contractions of the skin, which so often occur in the healing of burns.

The mode of application is simple. In superficial burns a strong solution—20 to 40 grains of the nitrate to the ounce of water—should be applied over the whole surface with a camel's hair pencil; vesications should be opened, and the surface carefully wiped dry before the solution is applied. If the burn is deep, and the discharge of serum abundant, the entire surface of the ulcer should be touched lightly with the solid stick.—JOHN WILTBANK, M. D., in *Med. Examiner*.

*PLUMMER, on Phantom Tumors.*—In the early part of my professional career, a medical friend requested me to visit an "obstetrical case" in consultation with him. He stated that labor had commenced five days before; the pains were strong and regular, and indeed so severe that the patient thought she could not endure them much longer; that, (his fingers being short,) he could barely reach the os uteri; and that he thought there was no dilatation, after the pain. His patience was exhausted in wearisome waiting. The woman (who had never had children) said that she had gone more than a month beyond her time; and some of her female friends in attendance, corroborated the probability of her calculation, by reference to a biblical case of ten months' gestation.

I found the usual pregnant rotundity of the abdomen; the cessation of the catamenia; regular and violent expulsive efforts; and bowels opened daily. There was clearly no dilatation of the os uteri. The case was perplexing.

Kergaradec's *Memoir sur l'Auscultation appliqué a l'étude de la grossesse* had not been published many years; but instructed in his method of detecting advanced pregnancy I had applied the stethoscope, by way of information, in a few cases, and was glad of the present opportunity of again testing its value.

After auscultating in the most thorough manner I was capable of, I could detect no foetal pulsations, and no placental sounds. I therefore, rather rashly, but (but fortunately for my credit, as it proved), correctly, declared that she *was not pregnant*.

Happily, also, I had read not long before of some cases in Ireland, of vast fecal accumulations, notwithstanding the rectum was emptied every day. I therefore proposed to the doctor, to empty the bowels by a thorough-going cathartic, and see what was in them. He readily assented. The dose was given; volumes of wind and abundance of fecal matter were expelled; the abdomen shrunk, the pains ceased, and to the mortification of the would-be mother, the surprise of the doctor, and my own gratification, the *child was not there*.

This case may remind the reader of Prescott's Philip Second, of the pseudo-pregnancy of the English Queen Mary, who, however, died dropsical.

As an off-set to my skill in the foregoing instance, I must now relate, though rather out of place, a case which soon after occurred in my own practice. The patient had ceased child-bearing for the last five years, but now believed herself to be in labor. The improbability of her being pregnant, was increased, as I thought, by the os tincæ being nearly out of reach; and flushed with my success in the case just narrated, I again flourished the stethoscope, and found no foetal circulation, no placental sound. "I shouldn't be surprised," said I to those present, "if there is no child here." In the evening, they sent for me in haste, and I delivered the woman of a healthy infant, much to the diversion of those who had heard my remark in the morning.

I had intended to detail some other cases of error of diagnosis in abdominal enlargements; but I find I have already written more than I originally designed to, and therefore submit the foregoing, without addition, to the young practitioners of the West.  
—*Med. Counselor.*

*Remarkable Case of Incontinence of Urine.*—M. Laurence was called to see an old man in much distress on account of a nocturnal

incontinence of urine, which had continued for six weeks. On awaking, he had found himself thoroughly wetted by this involuntary flow. This, it is stated, had caused him to have very severe rheumatic pains over the whole side upon which he was in the habit of lying; usually, he had no difficulty in urinating, but lately there had been some trouble. The urine was cloudy with red sediment. No enlargement of the prostate gland could be detected on examination by the rectum.

The cause of this enuresis not being very clear, M. Laurence prescribed the following mixture, with the idea that it might be occasioned by want of contractility of the muscular fibres of the vesical neck: Tincture of the sesqui-chloride of iron, two drachms; balsam copaiva, one drachm; strychnine, one grain; infusion of cassia, twelve ounces. The physician was surprised to hear that after only two doses of the above preparation, taken on the same day, the incontinence wholly disappeared.—*Gazette des Hopitaux*, Oct., 1855.

*Reduction of a Dislocated Femur without Extension.* By MR. COCKE, of Guy's Hospital.—The method of reducing dislocation at the hip-joint without any extending force, seems to be growing into favor. We notice in a late report from Guy's Hospital, that Mr. Cocke, of that institution, had succeeded easily in reducing a dislocation on the dorsum of the ilium by this process, after all the usual means had utterly failed.

With regard to the direction in which it is necessary to apply force in reduction without extension, it may be concisely indicated in the formula—lift up, bend out, roll in. The thigh is to be flexed on the pelvis, and the operator, taking hold of the patient's knee, is to bend it outwards, away from the axis of the body. In that position, a slight rotatory movement is to be accomplished, and the head of the bone will slip into place. The explanation of the success of these movements will be apparent to any one who is familiar with the relative positions of the parts implicated. Movements modified according to the different positions taken by the femur, and which will readily suggest themselves to those possessing anatomical knowledge, are equally effectual with the other varieties of dislocation at the hip. One principle is, that the femur is made to constitute a powerful lever in the hands of the operator, and it may be well to remark, that in cases in which the length of leverage may not seem sufficient, the difficulty will be at once met by using the whole limb, and grasping the foot instead of the knee.—*Virg. Med. and Surg. Journal*.

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VOL. I.]

MAY, 1856.

[No. 5.

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ORIGINAL COMMUNICATIONS.

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ART. I.—*Herpes Circinatus*. By JNO. T. PLUMMER, M. D., of  
Richmond, Indiana.

THERE is a variety of this cutaneous affection, with which I have been familiar for more than a quarter of a century, but which does not appear to be generally noticed by writers on dermoid diseases.

A translator of *Cazenave and Schedel's Synopsis*, says, in a note, "our authors do not appear to have seen" it. And he proceeds to add, that the eruption "does not heal with the disappearance of the first vesicles, but continually enlarges by the appearance of fresh vesicles on the outer margin; and thus the disease often proceeds to a great extent, the internal part of the ring healing, while the ulcerous and vesicular circumference expands."

This increasing expansion is often perceptible daily, and reminds one of the enlarging circle occasioned by a pebble thrown into a pond of water.

I have mostly found this variety of ring-worm on the wrists and fingers. The vesicles are much larger than those of the ordinary *herpes circinatus*, and are filled with a yellowish-white (or, to borrow a botanical term, ochro-leucous), fluid. I have never




seen the contents of the vesicles pellucid. The eruption is almost wholly unattended with redness of the neighboring integument, appears without any ostensible cause, is unaccompanied by constitutional symptoms, and is attended by very slight local ones.

One or more vesicles, first make their appearance; others are added daily, to the outer margin of the patch; the central, or original ones, begin to dry up, leaving the area covered with thin white exfoliations, and considerably depressed below the new circle of vesicles. These latter characters present, in some cases, to the hasty view from a distance, a considerable resemblance to *Lepra vulgaris*, of Willan.

Wood ("Practice") correctly describes *Herpes circinatus*, as usually consisting of very small vesicles, sometimes requiring close examination to be detected; and as planted on erythematous ground. And although he directly afterward speaks of a variety which continually enlarges its borders, it would appear as if he had not seen it, for he does not modify the description of the vesicles in this form; and it is evident that his representation of those of the ordinary ring-worm, is not adapted to this rarer kind. He also says, that this expanding variety sometimes degenerates into *Herpes exedens*; not, of course, that "cruel disease" called *Lupus* by some, and *phagedenic herpes* by others, but the *Herpes exegens* of Good's Nosology. But I have never seen it assume this eating, or deeply ulcerative character.

There is, however, a superficial ulceration of the skin described by Wilson, and other dermatologists, under the name of *Lupus exedens*, which bears some resemblance to the expanding herpes in question. "It is remarkable," says Wilson, "for its perfectly circular figure. Now and then it appears in the annular form, leaving a circular island of unaffected skin." But the intractable nature of *Lupus*, and its essentially tubercular character, serve to distinguish the two affections.

After all, it is doubtful whether the circular eruption described by the translator, cited at the beginning of this article, is the same as that I have endeavored to represent. His language is, "ulcerous and vesicular;" mine "vesicular." His disease "occurs in warm climates," and is probably the "ulcerative ring-worm of Bateman," which Dr. Good considers a modification of



his *Ecphtysis herpes exedens*, and represents it as of tedious and difficult cure, and "limited to hot climates." Our sero-purulent, expanding ring-worm, on the contrary, continues only one to four weeks, and a few days application of tincture of iodine cures it.

CASE OF HERPES CIRCINATUS.—As an illustration of that variety of ring-worm which I have already described, I offer the following case:

The patient was a young farmer, perhaps twenty-four years of age, in excellent health, and a hard worker. He discovered several spots of an eruption on the inner aspect of his left wrist. But little attention was paid to the affection, for some time, as it was attended with so little inconvenience.

As the eruption spread, and persisted for an unexpected length of time, he applied some preparation of blood-root (*Sanguinaria Canadensis*), to it, but finding no benefit from it, he called on me for a prescription.

It had now been more than three weeks since he had discovered the affection. When he first exposed it to view, the first glance at it, at a little distance, impressed me with the idea that it was a case of lepra; but a nearer approach undeceived me.

The margin of the circles was elevated, the central area apparently depressed; and being covered with thin white exfoliations, within the circles, the eruption was well calculated to suggest to the observer, at first sight, that it was a leprous affection. The size of the circles, their coalescence in some instances, the slightly red surface within them when the furfuraceous scales were rubbed off, and the rugose and somewhat tuberculous appearance of the same part, in some of the rings, only added to the resemblance. But the vesicular character of the rings, and the easy curability of the disease, furnish sufficient means of distinguishing it from a leprous affection.

The tendency in the vesicles to become confluent, makes it difficult to give an accurate measure of their size. As an approximation, the base of each may be represented as rarely exceeding a line in diameter, while the summit, which is filled with the very pale yellow fluid, is not more than half that size. Sometimes the vesicles so coalesce, as to form almost a uniform ring of fluid, covered by a thin film of cuticle.

I do not know that this affection of the skin is more liable to occur at one season of the year than another; but according to my recollection, I have never found it in those persons who have passed the meridian of life.

In the treatment of the present case, I dipped a camel's hair pencil in the tincture of iodine, and swept it over the circle of vesicles twice a day, covering the part afterward with a soft rag. In less than a week, I dismissed the patient cured.


In this connection I may as well remark, that after I had applied the iodine several times, it occurred to me to test the communicability of the eruption by means of the fluid of the vesicles. I accordingly charged a rather dull needle by puncturing the vesicles, and afterward endeavored to insert it into my wrist. The bluntness of the instrument made it too painful to introduce it, as I thought, sufficiently deep. I repeated the operation in six different spots, the results of which are herewith reported.

Within a week after I had inserted the matter from the vesicle, I discovered, out of six punctures, no impression was made, except in two places, where, at this time, two red spots appeared. This was on the 12th of 1st month, of the present year. On the 13th, a very slight inequality of the reddened surface was perceptible. On the 14th, vesicles were quite distinct, but not larger than the smallest pin head. A very thin film of cuticle covered the fluid, which, even at this early period, was not limpid, but opaque, and giving to the vesicle a very pale straw color.

The vesicles were now large enough to be punctured with a delicate needle, which was thus charged with some of their contents, and inserted in three places on the same wrist. Neither these punctures nor the former ones were sufficient to bring blood.

The two spots, now on the wrist, have been circular from the beginning of their appearance. They have been unattended with any morbid sensation. The whole area of the circle is covered with the vesicles; but the marginal ones are the most prominent, and thus give an annular appearance to the circumference, and a seeming slight depression to the interior of the ring.

The only change apparent on the 15th was an exceedingly thin desquamation in the center of one of the spots. This became



more distinct on the 16th: nothing of the kind was apparent in the other spot. At this date, there was no increase in the size of the vesicles; but the two spots (which were near each other), had coalesced, and formed a somewhat oval figure. The eruption now manifested the slightest possible degree of itching; the redness continued, and the boundaries of the figure were evidently enlarged. When the spots were first seen, they were one-fourth of an inch in diameter; on the 16th, they were four-tenths of an inch wide, and the length of the coalesced rings, six-tenths of an inch.

18th. Vesicles almost undistinguishable; the spot apparently flatter, and obviously paler red: the central desquamation continues. 19th. So much does the spot present the character of a papulous eruption, to-day, that the inexperienced might well be excused for designating it as such: I can discover no vesicles, by the aid of the best magnifier in my possession. The desquamation is universal, except on the margin, which, on the 20th, is more elevated, appearing to be composed of papulæ, instead of vesicles. The area within the annulus is dark red, and free from eruption of any kind. The new ring of eruption has enlarged the diameters to eight-tenths in the transverse, by five-tenths in the conjugate diameter.

22d. The spot is again of a paler red, as on the 18th. The margin flatter, and (as once or twice before) the whole has the appearance of a tendency to heal. No vesicles are visible, except two or three in one cluster, which are of a yellowish-white color, and tolerably distinct in size.

23d. The little cluster of yellowish-white vesicles, this morning, is entirely gone, and three or four other scarcely preceptible vesicles have appeared in another part of the ring. There is also an evident preparation going on in the margin, for another larger circumference.

24th. Desquamation continues general, and the surface red, harsh, and inclined to crack.

28th. Since the last date, but two vesicles, containing as before an opaque fluid, have made their appearance; the remainder of the eruption has been distinctly papulous.

To-day the eruption has apparently ceased; the spot is reduced

to the general level of the healthy skin, and nothing remains but the vestiges of the desquamation, and a red patch bounded by the last eruptive ring, which was nine and a half tenths, by seven-tenths of an inch in diameter.

REMARKS.—The foregoing experiment proves conclusively the contagious nature of the matter inserted into the skin. But Wilson, Bateman, Cazenave, Bieth, and all other dermatologists whose writings I have it in my power to consult, distinctly represent *herpes circinatus* to be non-contagious. Dr. Good concurs in this judgment, but uses this language: "Though deemed contagious, [it] affords no real ground for such an opinion." As he cites no authors, he probably refers to a popular belief in its contagiousness.

The reader will perceive a considerable modification of the original eruption in the inoculated case—the former being attended with very distinct vesicles, the latter being chiefly papular, and the few vesicles present being minute. The rings of the former were much larger, and the eruption much longer protracted—my eruption lasting only sixteen days. In this connection I will observe, that I have had no cuticular affection of any kind, that I can recollect to mind, since my early childhood, and that from frequent exposure to various contagious eruptions (as they are considered) for many years, I have esteemed myself almost insusceptible to their impression, in the usual way of impression.

The matter inserted on the 14th failed to produce any eruption. As out of the six former punctures only two were successful, these last three may have failed from imperfect inoculation, as the other four did. Or the matter may not have been sufficiently matured, or the skin being pre-occupied by the first eruption, may not have been impressible by the second inoculation.

As I was desirous of ascertaining to what extent the spot would enlarge, and how long the eruption would continue, I made no remedial application to the part affected. The history of this case is therefore free from all the modifying influences of treatment, and it is detailed with the accuracy of a daily observation from the beginning.

The reader must judge for himself whether this is really a variety of *herpes circinatus*, or a heretofore nondescript eruption; whatever it is, it is unquestionably contagious.

It is remarkable, that our writers on *herpes circinatus* do not distinctly indicate the *expanding* character of the rings of the common ring-worm.

Since writing the foregoing, taking advantage of the fluid in the last solitary vesicle which appeared in my arm, I inserted the matter in seven new places on the same wrist. Blood appeared at three or four of the punctures.

No vesicles followed these last insertions, but to my surprise a new ring of vesicles began to appear in the margin of the old patch, and ran their course in six days. It is now more than seven weeks since the last vesicle, thus excited, disappeared; and although the skin at the seat of the eruption is perfectly natural to appearance in all other respects, there remains a faint brown discoloration at that spot.

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ART. II.—*A Remarkable Case of Abstinence from Food.* By  
Dr. JNO. HARRIS, of Salem, Columbiana Co., Ohio.

JOHN WRIGHT, aged 84 years, six feet high, well proportioned, of sanguino-bilious temperament, a native of Pennsylvania, and miller by trade, was attacked with typhus fever, in October, 1839—that affection being epidemic in his neighborhood in Columbiana County, Ohio, at the time referred to.

Shortly after his disease commenced, in addition to the symptoms usual in that malady, he lost the use of his voice, which was ordinarily strong, so that he could not speak above a whisper. At the same time his appetite, which previously had been good, so completely left him that for *sixty-five consecutive days* he did not swallow an ounce of food of any kind, though frequently making the attempt, and having no lesion of the organs of deglutition, nor nausea to any considerable degree. Instead of having an appetite for food, he seemed to have an aversion to it in any form. He frequently took food in his mouth,

but for want of a natural relish for it did not swallow it, though I presume he could have done so without active pain. Drinks containing nutritious substances were as repulsive to his stomach as solid food. His drink, of which he partook freely, was cold water. During most of this time, although the weather was temperate, and he was amply supplied with clothing, he complained of feeling uncomfortably cold.

Our subject, a man of extensive reading, and general intelligence, and of a noble, generous disposition, retained his memory and other intellectual faculties in a remarkable degree for a person of his age, insomuch that he kept, with the exception of the last two days of his life, a correct computation of time during his whole illness.

During the prevalence of the epidemic alluded to, most of the cases in his vicinity, of which there were some thirty that season, were wont to run a tedious course of from forty to ninety days. Several patients became partially deaf. Some had their sight impaired, while symptoms of insanity made their appearance in others. In the case referred to above, the digestive functions seemed to be, in a great degree, suspended, accompanied with much feebleness of the circulatory system, which probably will account for the coldness of which he complained.



ART. III.—*Clergymen and Physicians*.—By W. L. SCHENCK, M. D., Franklin, Ohio.

THE article in the March number of the *Observer*, under the above caption, has, I think, some very objectionable features. However much the practice may be "contemplated by some with feelings of disapprobation," that should hardly excuse them from injuring through misrepresentation either the members of another profession or those of our own. The clergy are represented as imposing themselves upon us, demanding gratuities, requiring "services without a fee," and "labor without reward." There may be such individuals among them, but they are unworthy exceptions. The profession which administers to a sin-polluted

soul does not stultify its members more than that which administers to a corrupt and diseased body, and surely it has not been so unfortunate as to have enter its peaceful paths only such as would "reap where they have not sown," "demand labor without reward." It is generally composed of honorable men, who would scorn to "exact gratuities." I have attended a number of clergymen of various denominations, and never yet have I prescribed for one who has not promptly offered to pay his bill. I have never yet, knowingly, rendered any gratuitous services to the mere "teacher of creeds," and if I choose to give the minister of the Gospel his bill, it is my private donation, and no man has a right to interfere, or charge me with a heathenish veneration for a robe, or sinister motives. The custom may have existed in the dark ages, when the priests were all doctors, and the doctors were all priests. Doubtless this double tie induced some professional courtesy. But I presume the unwillingness with which the priest yielded the lancet and scalpel to the barbers, caused them to be shaved like other people. Now some other reason must exist for giving ministers their bills. The clerical profession in the United States have never made any demand upon us for gratuitous services—not a single denomination. The character of the mass of the members of our noble profession will shield them from the charge of sinister motives.

The practice, I presume, originated with those physicians whose souls have been warmed at the altar of Christianity, and whose hearts, glowing with love to God and man, prompted them to give Christ's ministers such services as their abilities allowed. Such men do not consider the support of the gospel, and the interests of their souls, mere matters of barter and trade, of which they may keep a "running account." They know they were created and are supported by the goodness and mercy of their Heavenly Father, and are purified by the blood of Christ, that all that they are, or hope for, is of God, and that their best gifts to his cause are as nothing compared with his goodness to them; and surely they might be allowed to prescribe gratuitously for his ministers without being met with a sneer, or charged with unworthy motives. Perchance there were others who, desiring to obtain the influence of the pastor with his flock,



or fearing to be considered irreligious or penurious, make no charges against ministers for their medical services, and if they thus make customary with all what a few have practiced for righteousness' sake, they should not find fault with the custom. Neither should we find fault with them. If they do their alms to be seen of men, they shall have their reward. If any one chooses to charge the clergy for his services, "so mote it be;" but let us avoid charging them with offenses which they have never committed, and our brethren with a wrong, when they are only exercising a right.

[In addition to the article of Dr. Schenk, and the article of Dr. Parvin, in April, in reply to Dr. Plummer, we have also received an article from Dr. Sherman, of Indiana, of considerable merit, but we find it so essentially identical in argument, and even in some of its illustrations, with the article of Dr. Parvin, that we have decided to withhold it for the present. Dr. S. claims, that the clerical profession have made no "demands" upon medical men; that they have made a generous and life-tender of voluntary service to medical men and all the world; and that the usages of the profession are but a slight return of the self-denial of the minister of the gospel—a voluntary offer and self-denial that no other profession or calling has ever made. Dr. S. expresses an anxious "desire to preserve in good repute our noble profession by exciting to acts of common generosity and benevolence, carefully avoiding the practice of living alone for selfish gratification."—EDS. OBSERVER.]



**ART. IV.—Surgical Cases, by W. H. MUSSEY, M. D. *Case of Polypi of the Larynx cured by Operation.***

In November, 1854, F. F——, a boy of two years and four months, had an attack of croup which lasted "several days," and the voice was not regained for "some weeks" after the paroxysm. During the six months following, had frequent paroxysms of difficulty of breathing, when in May, 1855, he was attacked with scarlet fever, and was sick four weeks, since which the voice has

not been above a whisper; the difficulty of breathing gradually increased so that the child has been unable to sleep but a few minutes at a time since June. So great was the difficulty in respiration that in August a very notable change had taken place in the form of the chest.

Nov. 7, 1855.—The preceding is as definite a history as the parents can give. At this date the child is very much emaciated, and the countenance livid. Respiration is distressingly difficult, inspirations labored and short, expirations prolonged, vesicular murmur scarcely perceptible. The lungs appear to be in almost a complete state of collapse, and the chest is very much contracted, especially the lower portion. The ensiform cartilage and lower portion of the sternum and the cartilage of the ribs are so depressed as to appear to lie upon the spine. The patient is unable to sleep but a few moments at a time.

In consultation, the conclusion was, that there was a chronic inflammation, with thickening of the tissues of the larynx, though it was suggested that there might be a morbid growth within. The treatment ordered was, the external application of croton oil, and administration of half a drachm every six hours of the following mixture:

R Iodide of potassium, 16grs.,  
 Extract belladonna, 1gr.,  
 Fluid extract of valerian, 13,  
 Sirup squills, 13. Mixed.

For one week the patient improved slightly, but on the night of the 16th he was seized with a violent paroxysm, and apparently nearly expired. By the time I had reached his bedside he was somewhat relieved and the parents would not give their consent to the operation of tracheotomy, which I proposed. In the morning, however, the case became so urgent that consent was gained, and I proceeded to operate. The vessels of the larynx were greatly distended, the thyroid veins being as large as the external jugular ordinarily is, and the arteries proportionally distended. An anastomosis of the thyroid arteries was so large that I applied two ligatures and divided it between them. When all hemorrhage had ceased, the section of the cricoid

cartilage and two wings of the trachea succeeded, and a double canula was secured in the incision. While examining the inferior portion of the larynx, I found that it was filled with small globular excrescences of a pearly white appearance, and the question of immediate extirpation was decided negatively, inasmuch as the patient, though relieved, was greatly prostrated, for the lungs having been so long time collapsed, seemed capable of very little expansion, and I preferred not to lessen the patient's chances for recovery. For four days the operation was followed with great bronchial irritation and a very copious expectoration of mucus, rendering it necessary to clear the tube frequently. The convalescence was gradual and satisfactory; at the end of four weeks the child had gained in flesh, and the chest had resumed its original form.

Dec. 19th.—I proceeded to operate for the removal of the obstructions in the larynx. In order to prevent any obstruction to the breathing, I allowed the tube to remain in the trachea, turning up the superior portion of the rim at a right angle to its plane, and placed a piece of rubber tubing in the canula, projecting two inches, so as not to admit the passage of blood into the trachea. Through this tube chloroform was administered; three inspirations were sufficient to quiet the child, and after three or four more, I proceeded to divide the integuments and cicatrix over the thyroid cartilage. When the bleeding had ceased, I punctured the thyro-hyoid membrane and passed a grooved director from above downwards, slit open the cartilage in the same direction and withdrew the canula from the trachea. On bringing the director forward through the opening in the cartilage, the space was crowded with a number of pearly white polypi, spherical, varying from one and a half to two lines in diameter. Eight in number were removed, one after another, with forceps; their attachments were to both sides of the larynx, as high as the inferior vocal cords. The points of origin were cauterized with the solid nitrate of silver. The tumors were gelatiniform, invested by a thin, but firm fibrous membrane.

It will be remarked that the canula remained in the trachea thirty-two days. On its posterior and lateral sides was a fleshy growth continuous with the edges of the wound, in some places

an inch in extent, that was cut away, and the edges cauterized with nitrate of silver.

The upper part of the wound was closed with adhesive plaster, and the canula left for three days, when it was removed altogether, and the wound closed up kindly in the space of twenty days. I saw the patient six weeks later; he was in perfect health, and had not the slightest difficulty in breathing, but the voice was still in the whisper.

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*Laryngo-Tracheotomy for a Foreign Body.*

The case was that of a girl four years of age, who had inhaled a water-melon seed on the 13th of August, 1855. On the 20th I operated, and the seed was expelled through the wound; there was slight bronchial irritation for a couple of days, but no other trouble in the convalescence.

Previous to operating, I tried various means to procure the expulsion of the foreign body, including that suggested by Professor Gross, in his valuable "*Treatise on Foreign Bodies in the Air Passages*," p. 192. I confess that I had little hope of its efficiency, but wished to give it a trial, and therefore, after administering chloroform, as the patient was about to return to consciousness I applied yellow snuff to the schneiderian membrane, but it refused to be tickled till nearly five minutes after complete consciousness was restored, when the patient sneezed. The diagnosis in this case was easily made; there was evidence of obstruction to the entrance of air into the *left* bronchial tube, and on inverting the body, the substance was heard to descend toward the larynx, and afterward to play up and down the trachea.

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*Death resulting from the Inhalation of a Seed of the Honey Locust Tree.*

DECEMBER 5, 1854.—Fanny L——, aged three and a third years, about the first of October had several seeds of the honey locust tree in her mouth, and suddenly swallowed them. There succeeded difficulty in breathing, with a paroxysm of coughing, which subsided after a few hours. The paroxysms returned from time to time, occasionally with great severity. At this time, in

the left lung, the inspirations were prolonged and rude, and the expirations almost null.

As there was not satisfactory evidence of the presence of a foreign body, iodide of potassium was prescribed, which relieved the respiration so much that there was no return of paroxysms, and the mother returned home with her child on the 20th, with suggestions to the family physician as to the procedure in case suffocation should threaten. On the 24th, the child was seized with what the doctor called "croup in its worst form," and in three days died, unrelieved of the obstruction. The *post-mortem* examination revealed a honey locust seed, much swollen, in the larynx.

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#### TRANSLATIONS.

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ART. V.—*On the Absorbing Power of the Intestines in the algid stage of Cholera*, by Dr. A. Hirsch, of Dantzic. Translated from the German, for the *Observer*, by WM. KRAUSE, M. D., of Cincinnati.

THOUGH the space of your journal does not permit me to give a full report of A. Hirsch's elaborate and valuable review of the epidemics of Cholera during the last few years, yet I beg leave to offer some extracts from it, which even now may be worthy of some attention.

Duchaussey, as many others, found by experiments on the external skin, that its absorbing power is entirely lost during the latter stage of Cholera. He applied sinapisms in a number of cases, which did not redden the skin, though left upon it above an hour. The skin felt cool and clammy, and was never seen to become hot and reddened. A slight rubefaction became perceptible, after the skin had got warm, and persisted even when the skin became again cool. Vesicants did not produce blisters even in a single instance; the skin appeared either normal under the plaster, or somewhat softened. Huebbenet evinced the loss of absorbing power of the intestinal membranes by chemical researches. He administered the ferro-cyanate of potassa per os,

and never succeeded in detecting a particle of it after death, in the blood of the patient. A similar series of examinations made at the city hospital of Dantzic during the epidemics of 1853, led to the same conclusion. D. followed another method, which, though less reliable, yet is worthy of noticing. He closely watched the effects produced upon his patients by active drugs, such as quinine, iodine, belladonna, and nitrate of strychnia. He declares however, the results of his observations uncertain with regard to quinine, though it seems remarkable, that a patient who took 100 grains of quinine per os and anum within 48 hours, did not perceive the least sign of its action during the algid stage. After, however, reaction had come up and the urine was again being secreted, the characteristic symptoms, especially buzzing in the ears, made their appearance. As to the loss of absorbing power of the external skin, the following experiment appears highly interesting: The back part of the forearm of a patient suffering with cholera, was painted over with tincture of iodine, the volar side of the same arm with a solution of starch. Now, a strong current of electricity being directed to pass through this arm for ten minutes, not the least sign of the usual change in the color of the amylum could be observed. It seems, further, to deserve notice, that the skin of the arm did not turn red, and the commotions of the muscles were out of proportion to the strength of the battery used. Belladonna was administered in all possible forms and ways, without any symptom of its physiological action. It is an interesting fact, which D. mentions on this occasion, that the pupils of a patient near dying, into whose veins a solution of extract of belladonna had been injected, dilated to their widest extent within three minutes. D. regards the occurrence as an important therapeutical hint to the practitioner, inasmuch as the usual ways for therapeutical agents, intestines and skin, being blocked up in cholera, there is another passage left, the circulatory apparatus, which seems to favor the speedy action of our remedies. The same negative results, as before, were obtained also with the nitrate of strychnia. It was administered through the mouth, rectum, and subcutaneous cellular tissue. D. was bold enough to exhibit one and a half grains of strychnia in a single dose.

He condenses the results of his investigations in the following propositions:

1. Patients in the algid stage of cholera have lost the power of absorption, no matter whether the medicament be administered through the mouth, rectum, bladder, skin, or cellular tissue. (D. did not examine if the same applies to the mucous membrane of the lungs).

2. The absorbing power is restored again in moderate cases in the state of reaction; in very grave cases, not before the discharges are entirely arrested, urine is secreted again and reaction fully established.

3. If the patient remains comatose, although the skin has become warm, and the pulse can be felt, absorption, as in the algid stage, is found wanting.

4. Should, however, some absorption be observable (?), then it is so trifling, that no cure can be expected from the usual exhibitions of medicines.

5. It seems, therefore, quite useless, and sometimes even dangerous, to trouble the patient with active medication, especially since the doses, usually being increased, accumulated effects might be brought about, when the system begins to react.

6. If any internal remedy is to be tried in the latter stage of cholera, it must be given through the veins. D. had sufficient opportunities to convince himself of the favorable results of such a treatment.

We shall mention hereafter some doubts, which have justly been advanced against the conclusions drawn from the above observations, although it may be looked upon as a fact, that the skin and mucous membranes are deprived of their absorbing power during the algid stage of cholera.

Suffice it here to superadd the observations of Pearse and Marton, neither of whom could notice any absorbing power. They are inclined, therefore, to doubt even the absorption of gases by the lungs. For they found upon examination of the expired air, that it contains no appreciable quantity of carbonic acid. The patient was directed to breathe into a vessel filled with lime-water. Kletozinsky, who somewhat modified this experiment, arrived at the same conclusion. Bouchat (*L'Union Méd.* 127, 1854), further

proved, that the expired air of a patient laboring under cholera, contains nearly as large a quantity of oxygen as the inspired air, when the cyanosis has attained a high degree.

It may perhaps not be improper to mention, in addition to the loss of absorption, some facts which serve to prove the loss of reflex action, after collapse has taken place. Buhl states, that the muscles of the face do not contract when the face is sprinkled with cold water. The sphincter ani does not contract upon introduction of a finger into the rectum; neither sneezing nor coughing can be produced by the appropriate stimuli. As regards, however, the non-striated muscles, which are accessible to observation during life, the iris was seen in a state of moderate spasm, the pupil somewhat contracted and sluggishly reacting upon light. Hutchison, of Brooklyn, who made the same observation, pronounces this phenomenon a very unfavorable symptom. Pfeufer once applied atropia to the eye of a patient, whereupon the pupil dilated to its ciliary margin, and remained so for some time after the patient was dead.

It is the most valuable experience, says Hutchison, which he gained from his practice, that patients suffering from cholera, are to be molested by remedies as little as possible. When, however, we are at a loss what treatment to adopt, or if we notice that the symptoms are aggravated in spite of the use of an apparently appropriate remedy, then it proves the best plan to leave the patient to the *vis medicatrix naturæ*, by which still a cure is sometimes accomplished.

Another doubt with respect to treatment arises from the consideration that there is no absorbing power of the intestinal mucous membranes. Is, under such circumstances, any result to be expected from treatment?

Brochin (*Gaz. des Hôp.* 112, 1854), answers this question in the affirmative. For there are not only other passages for the administration of physic than the stomach and intestines, but we are neither able yet to determine whether and when the absorbing power is entirely gone, nor if medicaments, without being absorbed, might not produce a desired effect by local action. The number of remedies, applicable to the last stage of cholera, is, however, much to be limited, a view fully agreed with by Vernois, in whose



clinics Duchaussoy made his observations. (*Gaz. des Hôp.* 116, 1854.) Also, the advice of Sée, to be careful in the repeated exhibition of large and increased doses during the asphyxic stage, ought not to be neglected, as very serious consequences may follow, when the system begins to react. Sée himself witnessed a case, in which the patient became narcotized during reaction, many hours after the last dose of opium had been given. Gietl finally draws our attention to the fact, that liquids which have been exuded into the intestines, are absorbed again during reaction. For the bowels are found to be empty, though the patient had no more operations by which the liquid contents of the bowels, previously ascertained by physical examination, could have been discharged.

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ART. VI.—*On Softening of the Brain*, by M. Traube (*Med. Centr. Zeitung*, 91, 1854), and Rud. Leubuscher, (*Deutsche Klinik*, 10, 1855.) Translated from the German, for the *Observer*, by W. KRAUSE, M. D., of Cincinnati.

ACCORDING to Traube, softening of the brain is a process of mortification, of gangrene of the brain, peculiarly modified by its anatomical structure. The dissolution of its nervous fibers and ganglia terminates in the formation of a scentless pappy mass, which contains, in addition to a great number of granules, small drops of fat, and it is differently colored according to its quantity of hæmatine and fat. Whenever the circulation in some arteries, veins, or capillaries is stopped by some obstacle sufficient to prevent all supply of blood to the affected part, its nutrition is at once discontinued and it must mortify.

The obstruction may result from atheromatous disease, which thickens the walls of the arteries so as to render these impervious or to give rise to fibrinous deposits from the blood upon the rough inner surface of the diseased vessel. These coagula gradually enlarge by other deposits, and lead at last also to total obstruction.

Obstruction, further, may be caused by a solid coagulum or a fragment of the valves of the heart, carried on from their original place by the arterial circulation, until they are arrested in

some finer branch, which is either obstructed at once by the embolus (this is the name adopted by German writers for emigrated thrombi: *ἐν-βάλλω*); or by deposits from the passing blood, which gradually fill up the space left between the embolus and the wall of the artery.

The softening of brain which is caused by the obstruction of veins by fibrinous coagula, as frequently found in the sinuses of the dura mater, gains a peculiar aspect by a great many little spots of extravasated blood strowed all over the softened part.

The capillaries are either obstructed by large drops of oil, accumulating within these narrow passages, or in cases of encephalitis the blood is brought to stagnate within the capillaries by high inflammatory congestion. Under such circumstances, a portion of the brain may be found mortified, though inflammatory action did not amount yet to exudation.

Softening of the brain is seen in the majority of cases under one of the following forms:

1. Softening exists only to a slight degree. The softened parts appear somewhat swollen and reddened in various tints. On close inspection, the red color is seen to depend on numerous aggregate small red points, which are formed by intact red corpuscles of blood, conglobated within capillary vessels. The substance of the brain is found to consist of a great many normal nervous fibers, and conglomerated granules of fat, which latter, however, are not always present.

2. The diseased parts are but moderately softened, but of a dirty white or yellowish color, their volume less than in normal conditions. The microscope proves the softened tissue in no wise differing from the former.

3. The consistency of the softened part is diminished so much as to represent a pappy mass, the color of which varies from grayish white or yellowish to brownish. It shows no trace of the normal constituents of the brain, these being decomposed into small granula and drops of oil.

The first form is known under the name of red softening, (*malacia rubra*); second and third, under yellow and white softening.

The tissues of the brain, in consequence of its peculiar chemical constitution, can not bear a loss of arterial blood so long as other tissues of the human system. The part deprived of its arterial circulation not only turns pale very soon, and diminishes in size, but also softens. Its surface, when cut, is seen to have lost its peculiar luster and the muscular apparatus depending on this portion of the brain, does not move voluntarily. If a part of the brain be diseased, which presides over mental function, also this is impaired more or less, according to the extent of the pathological lesion.

It is all but improbable, that a tissue going to mortification be restored again to its normal condition by the timely opening of a sufficient collateral circulation. If this is developing, the symptoms of palsy diminish in extent as well as intensity. Should autopsy happen to be made during this period of reintegration, malacia rubra is met with. The capillaries passing the affected part, are extended beyond their norm. The softened tissue is less elastic and its volume increased by the greater quantity of blood which it contains.

Patients often expire, although a perfect collateral circulation is developing itself, because the softened part is already decayed so much that its healthy function can not be restored. Unconsciousness and hemiplegia persist in these instances up to death. The patient dies after the so-called attack of apoplexy, either in consequence of too active a treatment, or because the portion of the brain disordered is too large or important to be dispensed with for a length of time. Here, too, dissection shows red softening to be present.

Most frequently no collateral circulation is formed. Then either yellow or white softening prove to exist, according as a shorter or longer time has elapsed since the moment of obstruction.

It results from this view of the disease, that the usual, energetically antiphlogistic treatment must be abandoned. It is to be changed to a corroborating and stimulating one. For the hope of recovery is based upon the development of a collateral circulation, and it is an established fact, that this is developed the easier, the higher the pressure of the arterial circulation.

Can, however, obstruction of cerebral vessels be diagnosticated with some degree of certainty? Our author gives the following answer:

The diagnosis is rendered certain, almost beyond doubt, by the following circumstances:

1. Where a person is abruptly and without any premonitory symptoms attacked by hemiplegia, either with or without unconsciousness.

2. If the patient have not yet trespassed the juvenile age.

3. If examination of the heart proves a valvular disease, depending either on endocarditis, still present or recently terminated.

4. If the arteries accessible to examination, exhibit no signs of atheromatous disease whatever, or but insignificant ones.

5. If the spleen, without previous intermittent fever, be found enlarged and tender, for the same process of obstruction that leads to malacia cerebri, not unusually causes extravasation of blood into the spleen.

6. If the extremities of the patient are seized with a gangrenous inflammation, and their arteries found without pulsation.

The diagnosis, however, even when the latter two conditions are wanting, is still positive enough to induce us to adopt a stimulating treatment. Nay, we do not hesitate to assert, that obstruction of cerebral vessels and the danger of softening of the brain is to be assumed, where a juvenile patient, worn out by pulmonary tuberculosis, is suddenly, and without precursory symptoms, seized with hemiplegia, no matter whether consciousness is or is not preserved; provided, however, his heart and arteries are ascertained to be free from atheromatous disease.

Rud. Leubuscher says, however important emboli may be to explain some cases of hemiplegia and their sudden termination in death, yet it is a one-sided view, to regard the obstruction of bloodvessels as the only cause of the process under consideration. There are instances in which an alteration of the blood (typhus, pyæmia, decubitus, pulmonary gangrene), predisposes to softening of the brain, and this may take place even without any obstruction of bloodvessels. Softening of the brain is most frequently the result of an inflammatory process. Encephalitis either terminates in softening or suppuration, (*malacia et abscessus cerebri.*)

The usual division into red, white, and yellow softening is neither proper nor exact. White softening does not always point to an inflammatory origin. It depends on the imbibition of serous fluid, and usually attends hydrocephalus. Red softening comes under observation, where the white softening is complicated with capillary apoplexy. The yellow color is to be referred to the imbibition of pus or fat, or extravasated blood which has undergone the usual changes. The microscopical criteria, as first proposed by Bennet (granular cellules), do not always prove the inflammatory nature of the disease. It must be admitted, however, that encephalitis, as a rule, is attended by softening. For those instances in which the exuded matter quickly coagulates, are very rare. On the other side, however, malacia is often found without the least sign of inflammation. For it may be caused also by apoplexy, and various other idiopathic derangements of nutrition. Derangements of circulation are, however, to be named among the most frequent causes of softening, though commonly several causes are found to have been co-operating. The circulation is either stopped by mechanical obstruction, while the walls of the vessels are in a healthy condition, or the vessels themselves are diseased (Atherosis), their caliber is closed, and the supply of blood either diminished or entirely cut off. Leub admits the obstruction of capillaries by drops of oil, as assumed by Traube. He superadds, however, that these are nearly always found adhering to the walls of the bloodvessels. It is, therefore, doubtful whether they are to be regarded as a cause of softening or rather as one of its consequences. He further considers an embolus in the vicinity of the softened part in the light of cause, only when the membranes of the bloodvessels between the point of obstruction and the softened part of the brain are found intact, and even then softening is not the necessary consequence of the obstruction. Sometimes apoplexy also and atrophy of the brain are observed. The latter is met with, especially when the supply of blood is lessened by degrees, while the former takes place if the power of the circulation exceeds the resistance of which the walls of the bloodvessels are capable.

ART. VII.—*Selections from the German.* Translated by G. A. BRUHL, M. D., of Cincinnati.

IN a pamphlet lately published on Homœopathy, by Professor Book, (of Leipzig), he mentions among the adversaries of the Hahnemannian doctrine, one of its former advocates and leaders, Dr. Fickel, who under the name of Heine, both as an author and tester of Homœopathic medicines, was at one time so highly esteemed by his party, and extolled in their journals, as to obtain the appointment of Chief Physician to the Homœopathic Hospital at Leipzig. While in this institution he had every means and facility of learning the fallacies of this system, which he improved, and afterward gave the results of his investigations to the world. In this essay, entitled *Direct Proofs of the Nullity of Homœopathy as a Curative System*, he confesses, that the supposed marvelous effect of the different remedies, which he stated he had tested himself, were but pure inventions of his own, and the cases of disease to which he pretended they had been applied, and which they had cured, were alike all fictitious; but that nevertheless the believers of the "*similia similibus*" doctrine, pretended also to have used the very same remedies with the happiest effect in similar cases, and to have observed precisely the same medical and physiological virtues as described by him. In the same publication he moreover takes the crown from many pretended happy cures, and reveals the various deceptions practiced by his "illustrious brethren"—proving that in many of those diseases which did not yield to Homœopathic treatment, or rather to the *vis medicatrix naturæ*, large doses of regular remedies were "secretly and tacitly" administered. His conclusion is, "*Homœopathy as a system is a heresy, and in its practical application it is nonsense.*"

To these remarkable confessions are also subjoined the very accurate and sober observations made by Dr. Eigenbrodt, (very well versed in physiological medicine), in the Homœopathic Hospital at Vienna, the substance of which may be gathered in the following:

1. Taking into account the natural causes of disease, in no case could there be ascribed any material effect to Homœopathic remedies.

2. Neither could *any essential difference* be detected between the *natural course* of disease under *purely dietetic regimen*, and *that under Homœopathic treatment*.

3. *Sudden, violent, and alarming symptoms could never* be so soon arrested, and *effectively removed*, as by regular treatment.

4. *Violent symptoms could neither be removed nor mitigated* by Homœopathic dilutions, whereas with appropriate remedies they could be removed in many cases, and *mitigated in almost all*.

*Sedative action of the Bromide of Potassium upon the organs of generation.*—The small number of medical agencies to which this action is attributable, induces us to give the good results which, according to a Russian physician, follow instantaneously the use of the bromide of potassium against *priapismus*, accompanying various forms of blennorrhagia. In addition to the internal use, Dr. Thielmann recommends it, dissolved in milkwarm water, as a local application to the penis, the compresses to be covered with oil-cloth, to prevent evaporation. He found it of great advantage in *satyriasis* and *nocturnal pollution*. His formula for internal use was,

R. Bromide of Potassium, 1–2 grm.  
Sach. pulv., 6 grm.

To be divided into 12 powders, and one to be given every two hours—the dose being from one and a quarter to two and half grains.—*Journ. de Pharmac. de Brussell*.

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#### MEDICAL SOCIETIES.

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ART. VIII.—*Proceedings of the Montgomery County Medical Society.* By J. C. REEVE, M. D., Sec.

THE Society met at the Phoenix House, in Dayton, on the 3d of April, and was called to order by the President, Dr. I. A. Coons.

Dr. A. G. Walden, of Dayton, was elected a member of the Society.

The following gentlemen were elected as delegates to the American Medical Association, for the present year :

Drs. H. F. Kœhne, of Dayton, J. S. Taylor, of Carrollton, O. E. Barkalow, of Miamisburgh, and Drs. C. McDermont, J. C. Reeve, and T. Brennan, as alternates.

The following were elected delegates to the State Medical Society, at its annual meeting in June next :

Drs. J. C. Denise, and Joshua Clements, of Dayton, and Dr. W. H. Lamme, of Centerville.

A report was presented by Dr. Davis, chairman of a committee appointed at a previous meeting to procure from the City Council, and others having control of the different Cemeteries in the city of Dayton, such regulations as would prevent the interment of any body without a certificate from the attending physician, setting forth the name, nativity, age, date of death, and disease of which the person may have died. The committee reported that it had been found impossible to obtain a general consent in favor of such a measure, and in view of a bill before the Legislature, likely to become a law, providing for the registration of marriages, births, and deaths, asked to be discharged.

The bill alluded to, was read to the Society by Dr. Carey.

Dr. Kœhne read an interesting report of a case in which apoplectic symptoms had come on in a maniacal patient soon after drinking a large quantity (two gallons) of dirty warm water. Among other means used in the treatment, venesection was carried to the extent of 3lxxvij. Recovery.

Dr. Denise then read a long and minute account of a case of epistaxis, with the treatment from day to day. The patient was 18 years old, had suffered from intermittents, and was in a cachectic state of system. Many remedies were used, and plugging the posterior nares resorted to, which was performed under very difficult circumstances ; the disease finally yielded to the continued use of tonics, among which were aromatic sulph. acid, liq. ferri chloridi, and sulph. quinine.

Remarks upon the treatment, and upon the subject generally, were made by Drs. Brennan, Carey, Coons, McDermont, and Davis. The latter stated that in several instances he had used for a plug to the nares, the cœcum of a common fowl—the closed



end to be introduced into the nostrils as far as necessary, and then by means of a quill introduced into the open end, the piece of gut is distended as full as possible with air, the escape of which is prevented by tying a string closely around it. He had used this mode of plugging the nares several times, and with success, while it presented the advantages of being simple, and the means are always at hand.

Dr. Denise also produced before the society a pathological specimen, which was examined by the members with a great deal of interest, as the history of the case was very obscure: he reported the chief features of interest.

March 27th, 1856, was called to see John Myers, a Pennsylvanian by birth, shoemaker by trade, æt. 30. The room in which he was lying, was small, low, dirty, close, and filled with the odor of decomposed urine. He was much emaciated; countenance haggard, and expressive of suffering; eyes dull; complexion cachectic; skin dry, harsh, and preternaturally warm; tongue dry, and cracked; teeth covered with sordes; respiration labored, thoracic, twelve to the minute, with prolonged expiration; pulse ninety, soft, feeble; escape of a milky fluid from the urethra; phymosis, with occlusion so nearly complete, as to barely admit the passage of a cambric needle; excoriations about the genitals; testicles atrophied, and soft; mind sluggish, and articulation indistinct.

He complained of pain in the region of the bladder, following the direction of the ureter, to the kidneys. Pressure over the abdomen, and in the lumbar region, gave increased suffering. Bowels moved the day before.

I enlarged the preputial opening, when about 3ij. of fluid escaped. Directed change of clothes, free ventilation, solution of plumb. acet. to excoriations, and morph. sulph. gr.  $\frac{1}{4}$ , with pulv. ipecac gr. j., every four hours.

On the 28th he complained of no pain, except upon pressure; skin slightly moist, but all the other symptoms aggravated. He was put upon opiates, copaiba, and tinc. ferri. chloridi.

On the 29th he became comatose, and died at 3 P. M.

*Autopsy*, five hours after death. The *liver*, *spleen*, and *pancreas*, were examined externally only, and appeared to be healthy.

The *intestines* were united to neighboring parts by false bands, and the lower bowel presented marks of recent inflammation. Two or three ounces of fluid were contained within the pelvis. But little fat enveloped the *kidneys*, which were of natural size, soft, flabby, lobulated, and easily torn. Numerous abscesses existed upon their external surfaces, varying in size from that of a pin-head to that of a chestnut, and filled with a white, cream-like matter. A longitudinal incision emptied the cavity of a dark fluid, void of the odor of urine, but offensive. All distinction between the medullary and cortical structure was lost. The *ureters* were dilated to the diameter of one-half to three-fourths of an inch, with constrictions that gave them a tortuous, and pouch-like appearance. The *bladder* had strong attachments of false membrane; was inseparable from the rectum, its walls three-fourths of an inch thick, with loss of distinctive structure; its cavity diminished, and containing about four ounces of mucopurulent offensive fluid—its lining membrane rugous. The *urethra* was constricted at the meatus urinæ. The *left* lobe of the *prostate* was healthy; but within the plexus of veins enveloping it were four small phlebolites. The *right* lobe contained an abscess, filled with a dark fluid. The lining membrane of the urethra, bladder, ureters, and kidneys, was slate-colored throughout, excepting the extremity of the urethra, and the trigonum vesicæ of the bladder. The rectum was also implicated in the disease; its mucous membrane being injected, soft, and thrown into transverse rugæ. Between it and the bladder was an abscess, containing half an ounce of pus.

Owing to the late stage of the disease at which I was called, this man was unable to give any account of himself; and his wife being naturally a stupid character, was a "know-nothing." From the two, I learned that he had the chills in Indiana, five years ago, and soon afterward lost the use of his right arm, next of his legs; and has had incontinence of urine, with gradual loss of strength and flesh since that time. He was able to control the sphincter ten and fifteen minutes; was taken to bed two days before I saw him; habits temperate.

The members who examined the specimen were decidedly of

opinion, that it was a case of Bright's disease, or granular degeneration of the kidney. Remarks were made upon the subject, by Drs. Davis, Brennan, and Reeve.

Dr. Coons then read a paper, upon the subject of constipation, showing the influence of *habit* in producing the disease, and the value of the same means as a cure. The paper called forth remarks from several members, all of whom assented to the value of habit as a means of cure, whatever other means may be put in force. Dr. McDerment spoke of a certain paste, made use of in Paris, which, being brushed on the anus, produced in ten or fifteen minutes, a discharge from the bowels, after which it can be removed.

Hereupon the society adjourned.

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ART. IX.—*Proceedings of the Medico-Chirurgical Society of Cincinnati—April meeting—Reported by C. B. HUGHES, M. D., Rec. Sec.*

DR. R. McILVAINE was expected to read a paper at this meeting, but that gentleman being absent, the Society was entertained by reports of cases.

Prof. Mendenhall remarked, that he had recently attended a case of coxalgia with some unusual complications. He was called, on the 11th of October, to see a little girl, about three years of age. She had previously been healthy, with the exception of an occasional slight pustular eruption on the scalp, although she had a delicate appearance. Her parents were healthy, having no perceptible hereditary scrofulous taint.

About the 1st of August, she complained at times of a pain in her left knee, and was slightly lame at intervals. The symptoms had been increasing gradually since that time, but without any manifestation of pain or pressure, either at the seat of pain or at the hip-joint. She was pale, but not much emaciated; appetite tolerably good, with slight febrile exacerbations at night, followed by sweating, and attended with constipation. In about four weeks from the time he was first called, the case was seen by Dr. Wm.

H. Mussey, at the request of Dr. M., at which time evident pain or pressure at the hip-joint was exhibited, and, in short, all the symptoms characteristic of morbus coxarius were well marked. She was subjected to constitutional and local treatment for this disease. Her general condition was rather improved for a time, under cod-liver oil and iodide of iron. The local symptoms, however, gradually increased, with some evidences of approaching suppuration. On the evening of the 4th of March, she was taken with a violent convulsion, after having partaken of some cabbage for dinner, which appeared to be the immediate exciting cause of the paroxysm. The next morning she was nearly as well as previous to the paroxysm, without having undergone any important treatment, as she was not seen by any physician until the paroxysm had subsided. On the evening of the 6th she had another convulsion, without any very obvious cause, but recovered from it in a short time. After this, she was restless, fretful, feverish, and vomited frequently, so much so that the amount of nourishment she digested was very small. Her mind remained clear during this time. On the 17th of the month, there was strabismus, and other decidedly marked evidences of organic disease of the brain. The pulse was slow and feeble, with great restlessness, throwing the extremities about, with frequent sudden screaming. Previous to the convulsion, the swelling of the hip began to subside; immediately after the first paroxysm the swelling and irritation were greatly increased, which appeared to be caused by the convulsive movements of the limb. After two or three days, these local symptoms again began to subside, and continued to do so as long as she lived, the limb and joint diminishing in swelling and tenderness. No more fully developed convulsions occurred.

She gradually became less conscious, was delirious, and finally comatose, with partial loss of muscular power on the left side, but with the muscles of the back in a state of constant rigidity, more particularly those of the right side. He supposed it was, at this time, a case of tubercular meningitis, supervening on or occurring during the progress of the hip disease. The two diseases are liable to occur in the same class of patients, and a point of interest in this case was, that on the well-marked

development of the cerebral and spinal difficulty, the external evidences of disease in the hip subsided. No *post mortem* was had, but it is hardly probable that any attempt at reparation of the disease of the hip occurred; he supposed it was a mere subsidence of the inflammatory action in the part, and a transference of the morbid action to the brain or its meninges. Is this a frequent result of scrofulous disease of the hip joint?

Prof. Judkins related the particulars of a case of complete occlusion of the cervix uteri in a lady, aged 38 years. She has borne children, the eldest being twelve years old. About two years ago she was treated for ulceration of the os uteri, and says that the nitrate of silver was applied daily for several weeks in succession. For the past fifteen months she has not had her catamenia, although every period is announced by severe, sometimes excruciating, pain in the hypogastric and iliac regions, and this is generally followed by the discharge of a few drops of blood from the vagina. The doctor had the good fortune of an opportunity to examine her at one of these periods; on introducing the speculum no trace of the os uteri could be seen; the parts presented a glistening fibrous appearance at one or two points, and there was a slight exudation of blood collected in drops, like dew, upon the surface. He said it was his purpose soon to attempt to make a communication with the uterine cavity by an operation, the results of which he would state at the next meeting.

Remarks were here made by several members of the Society, in relation to the injudicious use of nitrate of silver, and other caustics, in the treatment of slight abrasions of the epithelium of the os uteri.

Dr. J. also reported a case of stricture of the urethra of the gravest character. The patient is an intelligent German, but, unfortunately for him, a free liver. This difficulty has existed for years, and attempts have been made to pass instruments into the bladder, in New York and New Orleans, as well as this city, but without success. (I made the attempt myself, two years ago, with the smallest size elastic bougie, but failed. The patient suffered great pain and inconvenience at that time, and declared to me that if surgery could afford him no relief, he would obtain

it from a pistol.—REPORTER). The doctor found that the canal would admit a large sized sound down to a point anterior to the bulb, but beyond this no instrument could be passed; he could feel there a number of bands and pouches, showing that the walls of the urethra had been lacerated by violent attempts to reach the bladder. He had used a variety of sounds—the metallic, the elastic, and the small catgut bougie, but, though aided by the judgment and manipulations of Prof. Mussey, was unable to pass any of them. Had made the effort while the patient was under the influence of chloroform, as well as when awake, but always met with the same obstacles. The urine, which is much diminished in quantity, passes by drops, and no effort of his will augment or diminish the flow; in consequence of which he has been compelled to wear constantly a membranous receptacle for it. On account of the suffering and annoyance he endures from his malady, the patient has become disgusted with life, and has no desire to live longer, if he can not obtain relief. In compliance with his urgent entreaties, yet with many misgivings as to the result, I have, said Dr. J., consented to operate upon him. Without any guide to the bladder, this is considered one of the most troublesome operations that the surgeon is called upon to perform.

Dr. Bonner reported a case of cancer in the rectum. The patient is a lady, 32 years of age, who has borne children. Nothing abnormal can be detected about the uterus or its appendages. Her disease appears to be a scirrous deposit on the anterior wall of the rectum, about three inches from the anus, so abundant as to project into and nearly obliterate the cavity of the intestines. Great difficulty was experienced in passing a small speculum, and there was slight ulceration. The lumbar lymphatic ganglia can be felt through the walls of the abdomen, much enlarged, and probably involved in the same disease. He presumed paliative treatment only would be of any avail.

Dr. Hughes reported a case of cancrum oris occurring in a child twenty-two months old, female; parents and other children healthy. This child was born at least a month before full term, and weighed but three and a half pounds at birth. Notwithstanding these unfavorable circumstances, it was thought to be

in good condition at twenty-one months, when the mother determined to wean it. It was small for one of its age, and had never been able to stand, but dentition had progressed as far as usual at that age, and the appetite was good. Its food, after being weaned, consisted of cow's milk, wheat bread, potato, etc. This disease commenced about two weeks after the child was weaned, with a thrush-like eruption scattered over the mouth and fauces; these suppurated and became ulcers, which enlarged and exhaled a very offensive odor. The disease continued to extend until the ulcers coalesced in some parts, forming large patches, which were approaching a state of gangrene when he first saw the patient. Up to this time the mother had treated it with borax and honey, and infus. coctis, without benefit. He was not more fortunate than the mother in his endeavors to check the disease. In consequence of the inhalation of the putrid effluvia, as he supposed, convulsions intervened, and the child died, after several paroxysms, three weeks from the beginning of the attack. Three days before death, the right cheek suddenly swelled; the tumor was firm centrally, but edematous elsewhere, and so extensive as to close the eye. Over the firm portion small bloodvessels could be seen ramifying, an unhealthy blush spread over the surface, and it had a greasy appearance. From the corners of the mouth a black spot, with an abrupt line of demarkation, slowly extended in an irregular circle, of about an inch in diameter at the time of death. The gums sloughed away, leaving the teeth ready to fall out. The treatment consisted of laxatives, beef-tea, brandy-toddy, lemonade, tinct. ferri chloridi, and quinia sulph., with local applications of liq. soda chlorinat., tinct. iodine, hydrochloric acid, and nitrate of copper, successively.

The point that he wished particularly to direct the attention of the society to, is in reference to the diagnosis of the disease. Under this head, Druitt says, "the chief points of distinction are, that in this disease the ulceration or gangrene is *circumscribed*, and is generally confined to one side: and that it commences usually in the cheek, and that it only affects that part of the gums which is in close contiguity, and that the tongue is untouched. Whereas, in severe mercurial salivation, the ulceration is diffused; the whole of the gums, and the lining membrane

of the cheeks, and the tongue, as well as the palate, being affected from the first." Now here is a case exactly answering the description he gives of the disease when induced by severe mercurial salivation; the gums, lips, cheeks, tongue, palate, and fauces were gangrenous when the child died, and were affected from the first, yet she never took mercury. When Dr. H. first saw the patient, he told the parents the malady looked like that which is said to be sometimes induced by mercury; but they assured him she had never taken that, or any other medicine, except some simple nursery specifics, which they named.

A question here suggests itself. Supposing mercury to have a part, at times, in the causation of this affection, can a proper distinction be drawn between cases induced under its use and those arising independently of it?

Dr. W. H. Mussey exhibited a specimen of cancer of the stomach. The principal ulcer extended from within an inch of the cardiac orifice along the lesser curvature, three and a half by three inches. A second, one inch by one-half inch, was situated on the posterior wall, two inches from it. The other portions of the coats of the stomach appeared healthy. Externally, several glands were enlarged and indurated. The stomach was adhered for the space of one inch and one-quarter in diameter, to the edge of the left lobe of the liver, with a perforation into its substance, within three-eighths of an inch of its anterior surface.

The liver was much enlarged, weighing nine pounds; its surface was very irregular, from the presence of the hardened variety of tubera. Some of the deposits had the characteristic depression in the center, with the radiated arrangement of the fibrous envelope, though without vascularity, and were isolated; in others there was a coalescence of several tubera, forming large masses, with a light colored shining surface. The morbid growth was one-half of the substance of the viscus.

In life the liver reached as low as the umbilicus.

The existence of the disease of the stomach was not suspected till it was discovered *post-mortem*. There had never been vomiting or nausea, and digestion was but slightly deranged.

Since October last the health of the patient had been gradually failing, and according to the account of the physician, had had



typhoid fever, and an attack of pneumonia supervening. The habits of the patient had always been most exemplary; his mind was equable in its emotions, and there was no knowledge of any hereditary causes.

Dr. Mussey also exhibited a specimen of the genito-urinary organs. The patient, 70 years of age, had been attacked with retention of urine in the night about 2 o'clock, and had attempted to pass a catheter without success. A physician was called, but he failed to introduce the instrument. Dr. M. saw the patient at 2 P. M. the next day, but was unable to pass the catheter. Subsequently, another consultation was held, and the bladder tapped through the rectum; but the patient died on the third day of the attack.

The prostate gland was enlarged to five times the natural size. There were two projections of the gland within the bladder; one of the right lobe, causing a deviation of the urethral orifice; and another closing over that orifice so completely as to prevent the passage of urine. There was a rupture of the membranous part of the urethra into the cellular tissue.

Nearly one-half the substance of both kidneys was supplanted by adipose tissue, and in the left kidney were three hydatid cysts, each of the capacity of 3ii, containing limpid fluid.

The patient had been subject to occasional attacks of urinary difficulty for the last twenty years, and for four years past several attacks of retention of urine.

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This being the period for the annual election of officers, the following gentlemen were chosen to serve the society for the ensuing year.

DR. J. B. SMITH, *President*.

" G. MENDENHALL, *1st Vice President*.

" A. M. JOHNSTON, *2d Vice President*.

" C. B. HUGHES, *Rec. Secretary*.

" W. H. MUSSEY, *Cor. Secretary*.

" WM. CLENDENIN, *Treasurer*.

" E. B. STEVENS, *Librarian*.

Dr. Smith being present, was conducted to the chair by his

predecessor, and returned thanks to the members of the society for the honor conferred upon him, in a few appropriate remarks.

Dr. G. R. Patton was proposed for membership by Prof. White.

Drs. J. C. Welles and Jno. A. Thacker were also proposed by Prof. Mendenhall, and Dr. Geo. P. Oliver by Dr. S. Bonner.

Prof. Mendenhall was appointed to read a paper at the next meeting of the society, which will be on the Use of Opium in the Diseases of Children. Adjourned.

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#### CLINICAL LECTURES.

ART. X.—*Fistula Lachrymalis.* A portion of a Clinical Lecture delivered at the St. John's Hotel for Invalids, by Prof. R. D. MUSSEY, November 10, 1855.

*Gentlemen*—The young woman before you has a lachrymal fistula, for which I propose an operation this morning.

The operation is by no means imposing, although of no small importance to the patient.

From want of time I shall not enter into the pathology of this affection, and will only make a few remarks upon the treatment.

The treatment by injections into the lachrymal sac, or by small probes or bougies introduced through one of the puncta lachrymalia, is so uncertain as not to inspire much confidence among surgeons. In cases of severity, or long standing, there is a liability, on undue exposure, to inflammation and abscess of the lachrymal sac, which usually bursts externally.

The most accredited operation, at the present time, consists in making an opening into the sac, dilating the stricture, introducing a style, with a button on one end to prevent its slipping into the orifice.

The tendon of the orbicularis palpebrarum muscle is brought distinctly to view, by drawing the skin of the eyelid over the external margin of the orbit, and holding it tense, while a straight, narrow, sharp-pointed bistoury is introduced a little below the tendon, and on the inner side of a line drawn perpendicularly downward from the lower punctum lachrymale.

The direction of the bistoury should, at first, be backward, inward, and a little downward. It should be passed slowly until, by a diminution of resistance, it is felt to have penetrated the sac. Its direction should then be changed—it should be pressed downward, a little backward, parallel with the median line, while the edge is directed outward. As this is slowly withdrawn, a smooth, steel bougie, with a rounded point, well oiled, should be passed by the side of the blade into the sac. Bougies of this kind, of different sizes, should be at hand. The one first introduced may be about the  $\frac{1}{15}$  to  $\frac{1}{12}$  of an inch in diameter. After it has passed the stricture it should be carried down so as to touch the flooring of the nostril. It may be presently withdrawn, and one somewhat larger put into its place, then another, and still another, if necessary, to dilate the passage to the diameter of about  $\frac{1}{12}$  of an inch. By the aid of a small syringe, tepid or cold water may be injected into the opening till the bleeding has ceased. Then a style, about  $\frac{1}{3}$  of an inch in diameter, and about an inch and a quarter long, somewhat bent a little below the button, is to be introduced. If the button does not fit neatly upon the integument, the angle of flexion of the style may be altered by a pair of pliers with round points, which it is always convenient to have on these occasions.

In the after-treatment, it is well every day or two, to withdraw partially, or entirely, the style, and wash the opening and inject a little tepid water.

In these cases the style should be worn for a number of months, frequently one or two years, and occasionally longer.

In the case before you, an abscess opened externally from the sac last June or July; and since that time, at irregular intervals, several irruptions of abscess have occurred.

(The Dr. then proceeded to the operation, and introduced a silver style.) The silver style, gentlemen, is most commonly used: rarely the style is made of gold, lead, or pewter.

For many years, gentlemen, I was in the habit of operating in the method of M. Dupuytren, by introducing a tube instead of a style. The tube, however, differed from Dupuytren's, in being made cylindrical for most of its length, and cut off obliquely at the lower end, so as to leave an opening for the tears, if it should

sink as low as the flooring of the nostril. I used gold tubes only, and left a small silver style in the tube for a few days after the operation, to keep it clear from clotted blood. Generally this method was satisfactory, but now and then a case occurred when it was necessary to open into the sac to clear the tube. The extraction of the tube was sometimes attended with a good deal of trouble and annoyance to the patient, and I at length abandoned the tube altogether, returning to the use of the style.

There is a lady now living in this city, in whose case I operated, inserting a gold tube, seventeen years ago. The tube still works well, it causes no irritation, and delivers the tears into the nostril.

M. Desmarres, a distinguished Parisian oculist, about four years ago practiced a very different operation, viz: that of applying the actual cautery to the interior of the sac to cause its obliteration. Prof. Judkins informs me that when he was in Paris, two years ago, Desmarres had almost, or entirely relinquished this method, preferring the operation with the style.

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#### REVIEWS AND NOTICES.

ART. XI.—*Digestion and its Derangements. The Principles of Rational Medicine applied to Disorders of the Alimentary Canal.* By THOMAS K. CHAMBERS, M. D., Fellow of the College of Physicians; Physician to St. Mary's Hospital, and Lecturer on the Practice of Medicine at St. Mary's Medical School, London; author of "Decennium Pathologicum," etc., etc.

AGES ago, it was said "of making many books there is no end." In making this record, Solomon certainly had not reference to the time in which he lived only, for then book-making and book-reading were, in comparison, small matters. But looking into the future, he discerned that which we now so plainly see, the almost incomputable multiplication of those written media by which mind communes with mind. The press, heavily laden, groans in the delivery of mental food for the million, every day of the year. Cheap literature is one of the characteristics of our age. Its effect upon the people we will not discuss. As in general literature, so in medical. Machinery, with steam as the motive power, is spreading broad-cast over the field of medicine, page upon page

and volume after volume. If freedom from disease depended upon the number and variety of medical books we encounter, then would we have reason to rejoice. The pregnant press would be the shrine at which we would worship; and we would wait upon its delivery with silent satisfaction. As in the natural world all productions are not useful, and some are decidedly deleterious—abortions fall here, and deformities are seen there—so with our literature so redundant with paper, ink, etc., much is entirely useless, much deleterious—abortions are frequent, and deformities everywhere seen. But, notwithstanding the shelves of our book merchants are the depositories of much that is worthless, valuable products of learned and thoughtful minds may be found upon them. Of this class is Dr. Chambers's work "On Digestion and its Derangements." We desire to direct the attention of the Profession to this useful volume. Our limits will not permit an extended notice, therefore our aim will be rather to act as a sign-board pointing the way, than as a *cicerone* conducting the reader through the different sections of the work, and halting at every point of interest and importance.

The author has divided his book into two parts. In the first, or physiological part, he lays no claim to original research. "It is simply an attempt to join the *disjecta membra* of recent observations on the subject of digestion into a connected sketch—to offer a concise picture of these vital processes, such as may be present to the mind of a practitioner, who is continuously employed in modifying them for the relief of pain and preservation of life, without overloading his scanty leisure by prolonged quotation." In the second part, "On the Derangements of Digestion," it was of course the author's duty to "draw from the life only."

Dr. Chambers defines digestion to be "that process by which supplies are taken into the blood from the alimentary canal." We can not follow him in his amplification of this definition, nor stop to consider the difference in the animal and vegetable world with regard to the manner of receiving and distributing nutriment. Suffice it to say, that in the vegetable world the first producer or receiver of the article is of the same nature as the consumer, and the higher we ascend in the scale of animal creation, the more strongly marked and easier to recognize is the distinction between

the receiving and the using the means of growth—the more special is the apparatus assigned to making and moving the blood—the more obviously distinct is its devotion to what may be called “the carrying trade” of the bodily economy.

“By this broad line of demarkation, we are enabled to point to a separate series of organs appropriated to the offices of digestion, all of which are, physiologically speaking, *anterior* to the blood.” “Of these offices,” says the author, “it is attempted in the following pages to offer such a picture as may be present in the mind of a practitioner in medicine during his daily task of modifying, mainly through their influence, the phenomena of life—such as may assist him, as far as the actual state of knowledge will allow, in having a rational basis for empirical treatment—a picture, rugged indeed and imperfect in its outline, but capable of being filled up by observations derived from his own experience or contributed by the special researches of those purely devoted to a philosophical life. In no way is both the science and the art of healing so likely to be improved, as by the association in its literature, and through that in the minds of its practitioners, of pathology with physiology rather than with morbid anatomy; that juster theoretical views are elicited by looking upon disease as a part of the phenomena of life than as the producer of appearances seen after death; and that patients are more likely to be cured by one, whether original observer or reader, who is considering even imperfectly the vital actions exhibited by them, than if he knew exactly what would be the consequence of the disease in the corpse.”

If it is a fact that in derangements of the digestive organs morbid anatomy gives us less help than in any other classes of disease—that the changes of those viscera found in the dead body have less relation to the phenomena during life than in other cases, it is evident that the association of pathology with physiology, in this department of medicine, is of the first importance.

My limits will not allow me to pursue this subject any further at present, and I will close with a statement of the plan of the work, in the author's own words: “In this first book, ‘On Digestion,’ a sketch will first be given of the several parts concerned in that function which are common to the whole alimentary tube; then the several portions will be examined connected with the

several peculiar solvents which they possess; and then the substances which these parts are designed to receive.

"A similar plan will be followed in the second book, 'On the Derangements of Digestion,' so that the several chapters may be, as it were, complementary to each other, the organ being exhibited, in the first book, in its typical state; in the second, in its deviations; both being in fact equally manifestations of physiological laws."

J. F. W.

ART. XII.—*The Principles of Surgery*; by JAMES MILLER, F. R. S. F. R. C. S. E.  
—Prof. of Surgery in the University of Edinburgh; etc., etc., etc. Fourth American, from the third and revised English Edition; Illustrated by two hundred and forty Engravings on wood. Philadelphia: Blanchard & Lea, 1856.

Prof. MILLER of Edinburgh, has already made his mark, and established an enduring reputation as a Surgeon on both sides of the Atlantic; and we feel much obliged to the publishers for the new and elegant edition of his book, now before us. *Miller's Principles of Surgery*, has been before the American Medical Profession for a few years, and has deservedly met with a very favorable reception. To such as have not examined the work, it may be proper to say, that this is not a work on *Operative Surgery*, but a treatise on the proper management of surgical diseases. Thus, for instance, in the first chapter we have Sections on various constitutional affections—as Fevers, Scrofula, Cancer, Rheumatism, Scurvy, Delirium Tremens, Spinal Irritation, and the like. Then, we have chapters on the Inflammatory Process, on Ulcers, Tumors, Hemorrhages, Affections of the Periosteum and Bone, of the Joints, of the Arteries, etc.; Chapters on certain Injuries, as Wounds, Fractures, Dislocations, Sprains; Chapter XXVI is upon the "Employment of Anæsthesia in Surgery," which Prof. Miller regards as "Established,"—a brief summary is given of the cautions to be observed, and the extent to which it may be used, or ought to be used under varying circumstances. Appended we have a brief, pleasant, historical sketch of Surgery, with short notices of the most distinguished of the ancient and modern names that adorn this branch of the Profession.

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For sale by H. W. Derby & Co.—Price, \$3.75.

ART. XIII. *An Analytical Compendium of the Branches of Medical Science; For the Use and Examination of Students*; by JOHN NEILL, M. D., Surgeon to Pennsylvania Hospital, etc.; and FRANCIS G. SMITH, M. D., Physician to St. Joseph's Hospital, etc., a new edition; three hundred and seventy-four Illustrations. Philadelphia: Blanchard & Lea, 1856.

THIS work is just what it purports to be, a *compend* of the various branches of medicine; and this is a new edition of the work, which is already well known to the Profession. Neill & Smith's compend is one of several works of this kind that have been introduced to the notice of practitioners within a few years past—and as brief summaries or outlines—for examination of students, or for a hasty refreshing of particular points—are very valuable, and especially to the physician constantly absorbed in the duties of a full practice. †

For sale by Moore, Wiltach, Keys & Co. Price, \$3.00.

ART. XIV.—*Monthly Stethoscope and Medical Reporter*; G. A. WILSON, M. D. and R. A. LEWIS, M. D., *Editors and Proprietors*.

WE have received the March number of this Journal, *redivivus*. We are not familiar with the merits of the difficulty among the Richmond Journalists; we understand, however, the old *Stethoscope* was owned by one party, and edited by another; that the publishers sold out the Journal to be merged in the *Virginia Medical Journal*, and this left the editors of the *Stethoscope* in the lurch. But it seems Drs. Wilson and Lewis “never say die,” and the *Stethoscope* under its new auspices, breathes a hopeful spirit of faith and energy. The editors of the *Stethoscope* and *Reporter* have our best wishes; and at the same time, we earnestly trust all unkindness of feeling among the Richmond brethren will be suffered to die without a struggle. †

*The British and Foreign Medico-Chirurgical Review, or Quarterly Journal of Practical Medicine and Surgery.*

THROUGH the politeness of S. S. and W. Wood, of New York, who are the American republishers, we have received No. XXXIII of this capital quarterly, for January 1856. Any one forwarding three dollars, the subscription price, to the Messrs. Wood, 261



Pearl street, New York, will receive the *British Quarterly* one year, free of postage, and we guarantee them to get their money's worth; or to make assurance doubly sure by sending five dollars to the publisher of the *Medical Observer*, they will receive both the *Observer* and *Quarterly* for one year free of postage. †

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*The Half Yearly Abstract of the Medical Sciences; Edited by W. H. RANKING, M. D. and C. B. RADCLIFFE, M. D., January, 1856. Republished, Philadelphia: by Lindsay and Blackiston.*

*Ranking's Abstract* and *Braithwaite's Retrospect* are among the necessities of the Medical Library. The present number of Ranking is the *twenty-second* half yearly abstract, and fully sustains its established character, as a *resume* of current practical medicine. On sale by H. W. Derby & Co. †

Terms, \$1 per number, or \$2 per annum.

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*Proceedings of the American Pharmaceutical Association, at the Fourth Annual Meeting, held in New York, September 11, 12, and 13, 1855.*

THROUGH the kindness of our friend W. J. M. Gordon, we have received a copy of the proceedings of the last meeting of the American Pharmaceutical Association, and have received much pleasure in its hasty perusal; as part of the proceedings we find several very valuable reports and essays; E. S. Wayne's essay on the growth and production of wines in the West, is very interesting; so, too, the report on "home adulteration." We notice in the roll of membership, a number of highly esteemed friends from this city and elsewhere. The Association is evidently composed of diligent and earnest workers. We wish them success and prosperity.

We have also received the following new publications which will receive as early a notice as practicable: From Lea & Blanchard, Lehman's Chemical Physiology; Brown's Surgical Diseases of Women; Jones' Ophthalmic Surgery; Flint on Respiratory Organs; Neligan's Atlas of Cutaneous Diseases; and from Lindsay & Blackiston, Headland, on the Action of Medicines.

We also acknowledge the receipt of a very neat catalogue of the publications of Phillips, Sampson & Co., Boston. †

## EDITORIAL AND MISCELLANY.

## ABORTION.

It may be assumed as sound doctrine at the present time, that it is morally right to produce abortion in the early stages of pregnancy, where circumstances exist rendering it necessary for the purpose of saving the life of the mother. But, while admitting this proposition to be true, we would not, for one moment, give a shade of countenance to this proceeding, unless the circumstances and conditions were of an imperative character. We would not for one moment sanction the practice, under any trivial pretext urged by the woman herself. It should never be resorted to, except after a carefully conducted consultation of well-qualified physicians, and then upon their decision that it is absolutely necessary for the safety of the woman. We believe that there is a great deal of moral obliquity on this subject, and that in some instances it invades our profession. We have reason to suppose that it is accomplished very often among the married and respectable, and therefore not confined to cases of illegitimacy, and the abandoned of society. We greatly fear that the practice is sometimes winked at, or at least not sufficiently reprobated by some medical men. In this connection we leave out of view entirely those cases of illegitimate pregnancy, where large fees are offered, because, if it is sanctioned by any physician on trivial occasions, of course he will never refuse a case that pays largely. It is the *looseness* of feeling on this subject that we are now censuring. As an evidence of what we fear on this subject, we find in a recent number of a respectable medical journal, an article on the different modes of producing abortion, in which the writer recommends one particular manner of effecting it, and uses the following language: "I have often performed it in this way, and believe I can safely and certainly do it in every case." He then details his manner of proceeding; which is, to puncture the membranes, and then give ergot. In another part of the paper, in referring to the action of ergot, the following language

is used: "I have a professional friend who deems it right to use this agent illegitimately, and he informs me, that in about one hundred trials, and that, too, upon persons of various ages and conditions of health, he has administered this drug prior to the use of anything else, and he always had contractions of the uterus to ensue."

In the first quotation, and in a subsequent part of the article, we have the admission, as to "often" performing the operation in "twenty year's practice." We have inquired of one respected member of the profession, of fifty year's engagement in a large practice, and he states, that he never induced abortion; and never had but one case in which it was demanded. In this case it was not done; but if such a case were to occur again to him, he believed it would be the proper course, for the purpose solely of saving the life of the mother. Another of thirty-seven years, that he had seen one woman, who required abortion to be effected in two different pregnancies; and another woman was placed in peril, but recovered without. We have inquired of several who have been in large practice for ten to twenty years, who have never seen a case requiring the induction of abortion. In a practice of twenty-one years we have seen only one case of the kind, and that in consultation. How any man, in twenty years' practice, could see cases enough, of a character requiring the destruction of the ovum "often," we can not comprehend, unless he were connected with some large public charity, which was not the case with the author of this paper, residing in an interior town, of small size. It looks to us amazingly like as though there was too much familiarity with the subject.

Again, if we had a "professional friend who deems it right to use ergot [and of course produce abortion] illegitimately," we should certainly cut his acquaintance, and warn the profession against him. We would as soon speak of a "professional friend" who had perpetrated burglary one hundred times; or, as a highwayman, had robbed one hundred times, and murdered when he found it best, in pursuit of this employment, which he deemed "right." If he had said he knew a "notoriously dishonest quack," etc., we could understand it; but to have a "professional friend" who had produced "one hundred" abortions, is past

comprehension. In fact, the whole article exhibits what we consider an alarming familiarity with the induction of abortion.

This communication would not have received so much attention, but we are bound to suppose that the views are those of a respectable physician, as it appears in a respectable journal, the editor of which we *know* can have no affinity with wrong-doing on this point. If we are retrograding as a community, and professionally, in reference to the protection of human life, it is high time to sound the alarm; we had better go back to the Hippocratic oath, and learn wisdom.

In addition we may remark, that we do not know the author of this paper; our remarks have been called forth reluctantly, but under an abiding conviction of their necessity. \*

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#### SANITARY REFORM.

WE take great pleasure in inserting in the present number of the *Observer*, "AN ACT to provide for the registration of births, marriages, and deaths, in Ohio." It will thus be seen that the first legal step has been taken by our law-makers, toward Sanitary Reform. We hope it will prove of great value, and it is to the Medical Profession that we are mainly to look for its efficiency. To make the law popular and useful, our Profession must give it its cordial support. Difficulties will have to be overcome, before we become habituated to its workings: imperfections may be found in the law, requiring amendment; but we bespeak for it a careful and patient application: \*

[No. 72.]

#### AN ACT,

To provide for the Registration of Births, Marriages, and Deaths, in Ohio.

SECTION 1. *Be it enacted by the General Assembly of the State of Ohio*, That it shall be the duty of all clergymen, or other persons, who shall hereafter celebrate or perform the marriage ceremony within this State, to keep a registry of all marriages celebrated by them, showing the names, ages, residence and place of birth of the persons married, whether they were single or widowed, the time of the marriage, and the names of their parents.

SEC. 2. It shall be the duty of all physicians, surgeons and midwives, to keep a registry of all the births and deaths at which they have professionally attended, showing, in cases of birth, the name of the father, and the maiden name of the mother, and their residence, the sex and color of the child, together with its name, if it shall receive one, and whether born alive or dead. Such registry shall show, in cases of death—the time, place, and cause of death; the name,

age, sex, color, and condition (as to whether single or married, or widowed), the name and surname of the parents, the occupation, the residence, and place of birth of the deceased. When two or more physicians, surgeons, or midwives, may have attended professionally at any birth or death, that physician, surgeon, or midwife, who is oldest, in attendance, shall make the registry.

SEC. 3. It shall be the duty of the physicians, clergymen, surgeons and midwives above-named, to deposit in the county clerk's office, in the various counties in which such births, marriages and deaths occur, on or before the fifteenth day of March, in every year, a copy of said registry, embracing the period of one year, ending on the first day of March, last preceding the time of deposit; and the clerk shall deliver the same to the assessor of the several townships in each county, at the same time that the Auditor of the of the county delivers instructions and blanks to such assessor.

SEC. 4. It shall be the duty of the assessors, while making their lists of taxable property, to ascertain and record, in a list separate from the list of taxable property, all the births, marriages and deaths, which shall have occurred within their respective townships, in the twelve months, ending on the first day of March, last preceding the time of assessment, with all the items of time, place, etc., hereinbefore directed, to be inserted in the registries, as provided in sections one and two of this Act. They shall make strict inquiry of all heads of families, and shall use the registries of clergymen, physicians, surgeons, and midwives, hereinbefore named in order to obtain correctly the information herein required. They shall return said lists of births, marriages and deaths, with the registries aforesaid, to the clerks of the courts of Common Pleas, at the same time that they return their lists of taxable property. The clerks shall copy said lists in such form as the Secretary of State may direct, and transmit such copy to the Secretary of State, on or before the first day of June in each year. The clerks shall receive for their services such compensation as the county commissioners shall think just.

SEC. 5. It shall be the duty of the Secretary of State, from all the lists of births, marriages and deaths so transmitted to him, to prepare tabular statements, showing, in a condensed form, the information herein required to be preserved—keeping the statistics of each county separate, and to cause two thousand copies of the same to be printed in pamphlet form, on or before the first day of January in every year, of which copies, ten shall be transmitted to the clerk of each county for exchange and distribution, at his discretion, and the residue shall be disposed of as the general assembly shall from time to time direct. The county clerk, in each and every county, shall preserve, carefully, one copy in his office. The Secretary of State shall prepare and cause to be printed, suitable blanks and instructions for the use of assessors, clergymen, physicians, surgeons and midwives, which he shall transmit to the several county auditors, to be by them delivered to the assessors.

SEC. 6. To enable the assessors to obtain full and correct information touching the facts herein required to be ascertained, they shall have full power to swear and interrogate any person, in their respective townships, for this purpose; and it shall be the duty of all such persons, when thereto required by the assessor, with or without oath, to give him, truly and fully, all the information which he or she may possess, touching any of said facts.

Sec. 7. The several county clerks shall forever carefully preserve the lists of births, marriages and deaths aforesaid, and the registries of clergymen, etc., herein required to be returned to them, for the use of the public, and which shall always be open to public inspection.

Sec. 8. The said list of births, marriages and deaths, returned to the clerks of the county courts, by the assessors, as also the original tabular record herein required to be made by the clerk aforesaid, or a duly certified copy of any birth, marriage, or death, from either of them, given and certified by the said clerks, shall hereafter be admitted and received in all the courts of this State, as *prima facie* evidence of any such birth, marriage, or death, therein recorded or so certified.

Sec. 9. Any person failing, or refusing to discharge and perform, any of the acts or duties herein imposed and required to be done, shall, for every such failure, be fined in a sum not less than five nor more than twenty dollars, to be recovered by action before any tribunal having jurisdiction thereof, or by indictment in the court of Common Pleas, for the use of schools, in the township in which the offense is committed.

N. H. VAN VORHES,

Speaker of the House of Representatives.

THOMAS H. FORD,

President of the Senate.

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*Dr. Wright's Report to the Ohio State Medical Society, on Medical Ethics.*—This report has been before the Profession some months, and has received, so far as we notice, the uniform disapproval of the medical press. We extract the following from the *Nashville Journal*:

"This report is before us. To those whose occupation compel them to read almost everything that is sent to them, this report contains but little that is new. It is an unsavory re-hash of the old rigmarole against tyranny, dictation, etc., and laudation of freedom of action, manliness, and all that. Says the committee, 'The American Medical Association when first organized was supposed to have in view, as its principal object, the concentration of medical minds and medical materials into one great profession.' Well, we understand that to be its principal object yet. But in struggling to accomplish it, it very wisely, we think, occurred to its founders that the surest process of accomplishing that end was by *purification*, and not by fusion. The chairman and the association desire the same end, the concentration of medical minds and medical materials into one great profession. But upon the fusion principle of the chairman, the association thought the job would not be worth the labor. It might make a pretty large and a pretty liberal one withal, but the material could not last remarkably well, and would be decidedly a rotten concern while

it did last. So the association *adzed* out the rotten elements, and endeavored to concentrate the remainder of medical mind and medical material into a great Profession. 'But,' continues the chairman, 'science may be its sustaining, motive power.' Yes, this was to be its motive power, or motor power, truly, but when the thing was in motion it was thought it might accomplish some other good beside that displayed in automatic responses to the touch of science. 'Soon,' in the same sentence, continues the chairman, 'other objects were deemed important. There must needs be a uniform plan of education, especially respecting the time which should be devoted to teaching.' 'Soon!' How soon? Does not every one know, that the great leading, absorbing, controlling object of the founders of this great organization was this identical thing of a more thorough, enlarged, comprehensive, and uniform system of medical education? The chairman attains his climax by the fearful annunciation, that 'now, forsooth, having become arrogant by age (?) and accumulated aggression the tyrant assumes to ostracise whole States.'

"An abuse of the American Medical Association, abuse of the national code of ethics, and abuse of leading physicians of his own State, seem to us to have been leading objects with the chairman. The report was very properly voted down by the society.

"The committee consisted of three individuals. The name of one is familiarly associated in the medical mind with 'supporters' and 'certificates,' though we do not know this is the same gentleman. Another had left before the report was written 'on an exploring expedition in behalf of the Government in the far West,' though he left his written opinion, which quadrates with that of the chairman. Thus has signally failed, the first organized effort at disorganization, since the first meeting of the Association, under its first president, NATHANIEL CHAPMAN."

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DR. GARDNER, of Gilead, Ohio, writes to us making certain inquiries, as to the requisites for membership in the American Medical Association. We suppose the card published in our last number is full reply to his inquiries: if, however, there remains any doubt in the matter, we simply say, that the American Medical Association *receives no membership on personal application*; all members of that body are received as representatives of the various *local* medical bodies mentioned in that card — the local association being responsible for the fitness of its delegate. Once a member, however, in this way, always a member; unless membership be forfeited by neglect of duty, or improper or unprofessional conduct.

T H E  
CINCINNATI MEDICAL OBSERVER.

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VOL. I.]

JUNE, 1856.

[No. 6.

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ORIGINAL COMMUNICATIONS.

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ART. I.—*Impermeable Stricture of the Urethra, accompanied with Fistula in Perineo successfully treated by the Formation of a new Portion of Urethra.* S. D. THOMAS, of Pittsburgh, Pa.

R. B., AGED 17 years, related his case in substance thus: In August, 1854, he fell from the second story of a building, astride a joist of the first story. Much irritation and some tumefaction of the perineum followed; and in a few hours retention of the urine.

The urine was drawn off from time to time with a catheter, and the disturbance in the perineum subsided in a few weeks, without any incisions being practised in the case. Much difficulty in voiding urine still continued, though a small catheter was occasionally passed *into* the bladder. In a few months an abscess formed, and opened in the perineum, but healed in some three or four weeks. About this time "he *lost the track*," and failed to pass the catheter into the bladder; incontinence of urine soon followed together with a succession of abscesses in the perineum.

For the first eleven months he was under the care of a physician.

Such was the statement the patient gave me some time early last fall, when he became my patient. At that time I found an



impermeable stricture, near to and anterior to the bulb; close to which was a false passage extending deep in the perineum, terminating at, or near to, the prostate; the prepuce was considerably abraded by the continued dribbling of urine; the perineum was much hypertrophied, and in it was a small abscess opening, nearly closed, and another new abscess forming in its right side. Every day the patient made efforts to pass his gum catheter, which only served to keep up irritation. For a few days I left him to rest, ordering the catheter to be laid aside, and an opiate to be taken at night.

On the 1st of October I commenced to treat the case. I at first tried a small catheter, then a smaller bougie, and finally the smallest metallic one that I could get made at the shops; and with all I failed to pass the stricture; but at all times I could put a probe through the fistulous opening in contact with the bougie or catheter in the urethra through the false passage; and it is worthy of notice that the hypertrophy of the perineum was of such character and extent, that it was impossible to feel an instrument either in the urethra, false passage, or the fistulous opening from the rectum.

Early in November I abandoned all hope of passing the stricture. Now I began to contemplate the propriety of Brodie's operation in the case. With this in view, I called in Drs. Bruce and Schenck in consultation on the 8th of November. They opposed operating, and advised further efforts with bougies while the patient should be under the influence of chloroform, as chloroform had been used before in the case. Chloroform was administered at once, and, for more than an hour, unsuccessful efforts were made by us to pass the bougie.

10th. Chloroform was again given, and Dr. Schenck and myself made a more protracted effort now than before, but with no effect on the stricture, and Dr. Schenck gave it as his opinion that the stricture was impermeable.

I should have stated before, that I had tried from time to time to pass a probe through the fistula into the bladder, but had always failed. Now I determined to make another thorough effort, and in about ten minutes succeeded—not as I usually use a probe, by gently forcing it here and there in order to discover

and pass the tortuosities of the sinus, but by a *drilling motion* with very slight pressure, the probe being held and rotated by the thumb and first finger. Having got the probe into the bladder, I proceeded to dilate the sinus, and attempted to pass a common sized grooved director on the probe, but failed; then a very small director, about the size of a curette spoon was tried, but could not be passed, and the patient was left till a suitable instrument could be procured.

12th. The probe used on the 10th was now converted into a director as well as a probe; in this manner a deep groove had been cut from within three-fourths of an inch of its point, extending back its whole length. Then having, by the same manipulation as before, passed the probe into the bladder, it was pushed in an inch farther, so that its grooved portion occupied the sinus; a small director was now readily passed facing the first, and in a few minutes the blunt or seaton-needle extremity of a probe was passed between the two directors. In about half an hour the two last named instruments were withdrawn, and a common sized grooved director passed in their place into the bladder; then the first instrument was withdrawn; now a small gum catheter was passed into the bladder on the director with comparative ease, and the director was withdrawn. The urine having run off through the catheter, a plug was fitted into the catheter, and the patient ordered to remove it and let the urine pass from time to time.

16th. Yesterday while the patient was at stool, the catheter slipped out; now urine passes freely through the fistula when an effort is made. No dribbling and incontinence as heretofore, and the hypertrophy in the perineum is subsiding. The director was readily introduced into the bladder again; then I proceeded to pass a small sized silver catheter through the penis into the bladder by this new route; the catheter was passed in the usual manner as far down as the stricture, then the point was directed a little outward and it slipped at once into the false passage; considerable difficulty was experienced in finding the director, but finally the catheter was lodged on its groove, then with gentle force passed along it into the bladder and the director was withdrawn. The direction of the rings of the catheter now indicated that its

point lay much to the left of the median line. A bandage was applied around the waist, and from it two pieces of tape were tied to the rings of the catheter, something like the T bandage; one piece was tied to the right side, or uppermost ring of the catheter and carried between the thighs, and fastened to the bandage behind; and the other piece tied on the left side or inferior ring, and fastened to the bandage anteriorly tight enough to make counter traction with its opposite; thus forcing the parts on the catheter to assume a more direct and natural course. A plug was fitted to the catheter and the patient directed to let the urine pass when necessary.

21st. The catheter was removed for the first to-day; washed and re-introduced immediately, (without the director,) and fastened as before. Hypertrophy subsiding rapidly; and the patient bears the catheter without complaint.

23d. Catheter was changed and a common sized silver one left in the urethra and fastened as the first.

25th. Hypertrophy in the perineum nearly all gone, and the fistulous opening closing rapidly; the catheter without the tapes remaining in the median line. A gum catheter of more than common size was left in the urethra.

27th. All the parts are progressing favorably, a larger gum catheter still is used; which was cleaned every alternate day till

Dec. 15th, when the perineum was found healthy, the fistula having closed, hypertrophy gone, and no tenderness of the parts experienced by the patient, and he could pass a free stream of urine, "as well as ever," he said. Ordered a smaller sized gum bougie to be kept in the urethra through the night for one week; then the next smaller size to be used likewise for a week; and finally a common sized one to be used for a few hours only in the evening.

Feb. 1st., 1856. A common sized instrument was passed into the bladder without meeting with any obstruction, or deviation in the canal. Saw the patient micturate in a full and continuous stream. He said that he had perfect erections, and that he considered himself well. He was furnished with a metallic bougie and directed to introduce it every alternate night.

Such is a brief account of the treatment, and happy result of the case.

Brodie's operation in this case, would of necessity be unsuccessful. I am under obligations to Dr. Bruce for his kindness in translating from Civiale's treatise such passages as bore directly on this case. The candor of this great surgeon is worthy of imitation; he acknowledges the fact of an impermeable stricture, then points out the difficulty in the cutting operation to find the exact center of the indurated urethra, and supposing it was found, to *know* the fact; and last, but not least, the great uncertainty in extending the incision along the induration so as to strike the urethra at the exact point of obstruction. To this caution more than any other is my patient indebted for his safety. Though Syme deprecates the operation in general terms, he denies the fact of what, to me, and men of experience is the condition of my patient; therefore, after repeated failures to establish his first principle in strictures, I was forced to look to others for a precedent, and as before stated, I contemplated Brodie's operation. And had I attempted it, and done the cutting skillfully and accurately in the median line, the indurated portion could not have been slit open; neither could the membranous portion of the urethra have been penetrated; for the fact that the catheter when first introduced into the bladder, showed distinctly that the membranous portion lay far to the left of the median line; the greater hypertrophy of the right side having forced it to the left side, as is often the case with arteries and their accompanying vessels. Authors caution us when diseased action has been going on, of divergence of the vessels of the part independent of malformations; then, if this caution is proper of the parotid or popliteal regions, why not of the more yielding tissues of the perineum? And is it not for this cause that the operation has been unsuccessful with many?

I should have stated before, that, after the hypertrophy had subsided to some extent, with the finger in the rectum, I could feel the catheter enter the membranous portion of the urethra about half an inch anterior to the apex of the prostate gland. Then from that point forward to the opening into the urethra at the anterior face of the stricture, anterior to the bulb, is full more than an inch and a quarter of new urethra formed.

The treatment of this case may be called a modification of that

practiced by the older surgeons, of forming a new urethra by dissecting out the calloused portion, and allowing the wound to heal on a catheter retained in the bladder; this produces the same result without the terrible cutting, as the old portion is left, and it removes itself from the way, for when it contracts it straightens, and as it were, falls out of the arch of the urethra, leaving the gap to be filled by the new.

And have we not the same condition in this case as there is after dividing an obstinate stricture on a staff? After the indurated portion is divided, it is not very probable that its free edges will expand so as to meet and unite by first intention over the catheter left in the bladder, nor can it be inferred that it is an expansion of the cicatrix as in tenotomy, for in the latter the parts are allowed to remain in repose till union has taken place; then extension is practiced gradually; but not so in the operation for stricture—a full sized instrument is left in at once after the cutting, and the parts allowed to heal over it. Then which would be the most proper definition of the cutting operation, “dilatation of the urethra by cutting,” or *the formation of a new portion of urethra by cutting?* The case I have described would urge some propriety in the latter.

Since writing the above, I have seen the patient, and he proposed to leave off the bougie as he is perfectly well. I allowed him to relax in its use, but not to risk leaving it off entirely.

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ART. II.—*Clergymen and Physicians.* By JNO. T. PLUMMER, M. D., of Richmond, Ind.

I HAVE purposely delayed making any further remarks on the subject of gratuitous medical services to clergymen, in order to give place to others who might be so disposed, to express their sentiments on it. As it is probable that all has now been said that can be said in favor of the practice in question, I proceed to notice the articles on this topic which have appeared in the *Observer*.

First in order is *Dr. Purvin's*. I am particularly pleased with the tone of this answer; it is earnest, but temperate and christian

like. I do not see, however, that any of the points at issue have been canceled by his reasoning. For I am by no means prepared to admit that all "worth," all "literature of science," all "warm sympathies" and "noble humanity," all knowledge of the "frailties of human life and the uncertainties of human hopes" are concentrated beneath the clerical robe. We see the highest learning as well in other ranks; we see as "warm sympathies" gushing from other hearts; and all the world knows the "frailties of human life and the uncertainties of human hopes."

And as to "worth," intrinsic worth, I believe, with the apostle, that not many wise, mighty or noble are called; but that "yon cottager," of Cowper, who

"Just knows, and knows no more, her Bible true,"

is as acceptable in the Divine sight, as the most learned pharisee, however devout. "Many illustrious souls," says an elegant writer, "may be said to have been dead among the living, or buried alive in the obscurity of their condition, whose perfections have rendered them the darlings of Providence, and the companions of angels."

We may exhibit a lively picture of the sympathies existing between a given physician and a given clergyman; but the same picture would be as appropriate, out of the clerical ranks, as in it. Clergymen are human beings, who have chosen a particular study, as the business of their lives. They are subject to all the common infirmities of man. Like other men, there are among them the learned and the unlearned, the rich and the poor, the precious and the vile. I dare not recognise an invidious distinction in their favor. Let Religion, as wrought out by Immaculate Purity, be held transcendently high; but no *study* that a man may pursue, will make him any more honorable in the sight of Heaven.

If, then, all the relationships which may exist between physicians and clergymen, may also exist in other directions, no reason remains why gratuitous services should be rendered to the tribe of Levi, more than to the tribe of Judah or the tribe of Dan. Piety, poverty, riches, learning and ignorance, "warm sympathies" and "noble humanity" may be found in them all. Let the worthy minister and the worthy layman, stand upon the same ground.

Although somewhat irrelevant to the original question, I will here briefly express my decided dissent from my friend's two positions: that of the necessity for some persons to expound a revelation; and that these persons should be completely educated in literature and science. If I have a right apprehension of the terms, I know of nothing that is *revealed* that needs *expounding*. And as to literature and science, they have no more relation to the function of a gospel minister, than the tinsel of a gewgaw has to Divinity Himself.

How many of the clergy roll in wealth, and what numbers stand in want, matters but little. They have chosen their vocation. Let them stand on a par with other men. If they are not satisfied with their hire, they can take the advice of one of their own number, a "grave minister," (afterward Bishop Howson,) who, in 1597, preaching at Paul's Cross, England, complains of the torments of martyrdom to which the childhood of the clergy is subjected in the grammar-school, the expenses for books and degrees, time spent, the wear and tear of body and spirit, and in the end, "beggary." \* \* "Do we macerate ourselves for this?" \* \* "If this be all the respect, reward and honor we shall have, *frange leves calamos, et scinde Thalia libellos*; let us give over our books, and betake ourselves to some other course of life," \* \* "sell our books, or stop bottles with them; turn our philosophic gowns into millers' coats; leave all, and betake ourselves to any other course of life, than to continue any longer in this misery."

But my friend, Dr. Parvin, thinks we should not induce the clergy to "*confess* poverty." And why not the clergy, as well as other men? Why not the modern disciple as well as the ancient apostle? He, when petitioned for money, could nobly reply: "Silver and gold have I none." His Divine Master, too, acknowledged that He had "not where to lay his head." And far distant be the day, when, if Poverty should ever make my home her habitation, I shall be ashamed to say, "I am poor."

The clergyman, also, says the Doctor, "has claims upon his hospitality and benevolence." And has he no claims upon his justice? Does he forget that we should be just before we are generous? If the clergyman's name is at the head of "all sub-

scription papers for the poor and every other charity," he ought to have wherewith to pay his debts. Or does he take the credit for benevolence, with other mens' money?

I heartily concur in the sentiment expressed by the Doctor, in his concluding sentence; only that instead of "ministers," exclusively, I should extend the conviction to the poor, generally, and say: "Even if we render hundreds of dollars in gratuitous professional services [to the poor,] I believe that under the Divine economy, we shall lose nothing ultimately."

The second opponent is *Dr. Schenck*. This writer manifests a little more warmth than the first; but perhaps it is more in language than in feeling. I desire to give him all due credit for his devotional aspirations. Yet I fear that he confounds, as many others do, things which are widely different. Is a minister of the gospel a different person now, from what he was when Paul declared that the gospel which *he* preached was not after *man*, neither did he receive it of *men*, neither was he *taught* it, but by the revelation of Jesus Christ? Paul did not preach Christ, till the "Son was revealed in him." And *then* he knew whereof he affirmed.

The true apostle now, as well as then, labors with his hands, that he may minister to his own necessities. He would not make the *gospel chargeable* to any. He, truly, would "scorn to exact gratuities." He would say, in the language of Peter to Simon Magus, "Thy money perish with thee," rather than accept it. He would remember the injunction of his Master, "freely ye have received, freely give." The ministry of the gospel, then, is not a different thing now from what it has been since the creation of man. And none but those who have the spirit and power of the Anointed of God, are ministers of the gospel.

It is altogether a misnomer to apply the term to those who learn of men; who are taught "Divinity" in colleges; whose heads are "replete with thoughts of other men;" who "preach for hire and divine for money." Money! money! money! for the "support of the gospel;" that is their cry. The prophet Elisha, and his servant Gehazi are the fit representatives of the two characters which the Doctor confounds. Of the first it is said, when Naaman offered him a reward for his services, "he urged him to



take it; but he refused." Of the second it is written, that he ran after the Syrian and said: "*Give them, I pray thee, a talent of silver and two changes of raiment.*" And ever, ever, will the leprosy of a mercenary spirit attach itself to a hireling ministry.

The third writer on the same side, is *Dr. Sherman*. According to the judgment of the editors of the *Observer*, his arguments and illustrations are so "essentially identical" with those of Dr. Parvin, that I suppose what I have already said in answer to the latter, will serve as well in the present case; except that I will here add, in common for all three of my friends, Drs. Parvin, Schenck and Sherman, that there are other modes of exacting gratuities or of making "demands," beside those of the law, and of fire and fagot. Let them, let any one, if they have the temerity to do so, withhold the gratuity, and then mark the result.

But where is the "self-denial" of the clergymen; the "generous and life-tender of voluntary service," of which Dr. Sherman speaks? Is not the clergyman *paid* for his labor? Where is the generosity of the minister who accepts thousands of dollars annually, or all he can get, for his services? Where is the "self-denial" of the man, who receives willingly, if not with an appetite, "the honors and emoluments" of the pulpit? Shame! shame, that any man, professing to be a minister of the gospel, should ever pollute his hands by the taking of bribes! Prove the generosity of these hirelings, (for such they are;) try their "self-denial," by the withholding of their wages; and instead of their spending and being spent for the good of souls, you would see the whole system of a mercenary ministry fall, crumbling, to the ground.

Whatever, then, recognizes such a ministry to be the gospel; whatever fosters its venality, whether it be medical gratuities, or the *purchase* of that which should be as free as air, without money and without price, is radically wrong. And all that is honorable in Christianity, all that is noble in man, all the true interests of the clergy, and the true interests of humanity, stand opposed to the evil.

ART. III.—*Case of Tumor of the Palate.* By G. A. KUNKLER, M. D., of Madison, Indiana.

IN No. 2 of the "*Observer*," I notice a case of tumor of the palate, operated upon in the clinic of Prof. Mussey. A similar case came under my observation a short time since, the particulars of which may not be devoid of interest.

Mr. D. V——, a farmer, aged 23, of a strong, robust constitution, consulted me during October, 1855. On examination, a tumor, about the size of a small orange, was discovered attached to the whole right side of the soft palate, hanging down into the pharynx.

It was completely covered with mucous membrane, and rough over its surface, similar in appearance to a hulled walnut. It was first noticed five years ago, since which time it had gradually increased in size. The patient had never experienced any difficulty whatever from it, except when he attempted to swallow anything bulky; he was unable to breathe through the right nostril. An immediate operation was proposed, but not being prepared for it, he left, and I saw no more of him until a month later; he then complained of frequent lancinating pains in the tumor, which showed some signs of ulceration at its apex; he had also some difficulty in deglutition. Desiring the operation, he was prepared a few days previous, after which I operated by passing a tenaculum through it, and detaching it by simple incisions with the scalpel. No chloroform was used. The hemorrhage was very profuse, and was only checked by the constant application of ice water, after it had lasted for some time. It gave no trouble after this, and in four days later he left for his home.

The tumor was a dense fibrous mass, and weighed nearly four ounces. Toward the end of January, three months after the operation, the person presented himself again. The tumor had again appeared in the same place, and was then the size of a pigeon's egg, and had a decidedly malignant appearance; the patient complaining of slight darting pains through it constantly. Being unwilling to have an operation performed at that time, he left, since which I have seen no more of him.

## MEDICAL SOCIETIES.

### ART. IV.—*Ninth Annual Session of the American Medical Association.*

THE Association met at Fireman's Hall, at 11 o'clock, A. M., yesterday, and was called to order by the President, Dr. G. B. Wood, of Pennsylvania. Dr. D. Tilden, of Ohio, Vice President, occupied a seat upon the platform. Dr. Wm. Brodie, of Detroit, Secretary.

Dr. Fischer, of Michigan, in behalf of the Committee of Arrangements, said:

MR. PRESIDENT—In the name of the physicians of Michigan, who are here represented by delegates from their State, district and more local societies, we welcome the members of the American Medical Association to the State and city of our adoption.

As children who have wandered from the family altar, to improve their fortunes in new and distant lands, would meet with bounding hearts the patriarchs of their early home, so we, whose lot has been cast in the forests of the West, now greet with kind emotions the delegates from the old colonial States, hallowed in our memories by their revolutionary associations, honored for the elegance and durability of their seats of learning, and cherished as the home or the birthplace of many of the most brilliant and highly cultivated intellects in our national domain.

With a fraternal attachment no less ardent, we receive the members coming from those other States of the confederacy, which, like our own, have a position among the stars of the Union, but by the accident of birth are excluded from a place among the stripes of our national escutcheon.

And to our brethren who are here by invitation, from the British provinces in America, with whom, from a common ancestry, we have derived, by inheritance, our best and earliest ideas of civil liberty, much of our literature, and many of the practical precepts which regulate our art, we offer a like and cordial reception.

Although actively engaged in the battle of life, and earnestly struggling to overcome the obstacles which, in an undeveloped country, lie in the way of professional success, we have striven, like the devoted *Paracelsus* to *keep alive the fire which, in our youth, we kindled at the altar of science*—not like the *magi* who now come—*not like the new risen star.*

by acts of devotion to celebrate the advent of a Messiah—but to receive from us, on this ground, from which the footprints of the savage have scarcely been erased by the ploughshare of the white man, where the echoes of the boat-song of the lively Gascon may still be heard between the strokes of the paddle-wheel and the whistlings of the locomotive, the tokens of a sincere friendship, the acknowledgment of a legitimate paternity, and the homage due from filial and grateful hearts.

The student of our political history is well aware that, under the pressure of exterior force, we have been compelled, on five different occasions, to change our national colors, but never to abjure the faith of our political sires—so now we intend steadfastly to stand by the true in medicine, under all the forms of temptation, as we will, under all the phases of political fanaticism, defend the ark of the covenant of our political fathers.

We pray that the meetings of this association, though purely scientific in its aim, may be so conducted as to become instrumental in promoting these great ends.

Again, gentlemen, we bid you, from whatever land or State, or section of the country you may have come, in the name of common brotherhood in science, a warm and cordial welcome.

The roll was then called by Dr. Wister, of Pennsylvania.

On motion of Dr. Thomson, of Delaware, a recess of fifteen minutes was taken to allow the delegates from the respective States to report one member from each State represented, as a committee to nominate officers for the ensuing year.

At the expiration of the recess the Association was called to order, and the different State delegations then reported their choice, respectively, of delegate to serve on the nominating committee, which was constituted as follows:

<i>Maine.</i> —N. P. Monroe.	<i>Maryland.</i> —P. Wroth.
<i>New Hampshire.</i> —H. Peirce.	<i>South Carolina.</i> —E. Geddings.
<i>Vermont.</i> —C. L. Allen.	<i>Tennessee.</i> —J. B. Lindsley.
<i>Massachusetts.</i> —H. H. Childs.	<i>Kentucky.</i> —W. S. Sutton.
<i>Rhode Island.</i> —J. E. Warren.	<i>Minnesota.</i> —C. W. Le Boutillier.
<i>Connecticut.</i> —David Harrison.	<i>Michigan.</i> —M. Gunn.
<i>New York.</i> —William Rockwell.	<i>Ohio.</i> —Thos. W. Gordon.
<i>New Jersey.</i> —L. A. Smith.	<i>Indiana.</i> —Dr. Winton.
<i>Pennsylvania.</i> —John Neill.	<i>Illinois.</i> —H. Noble.
<i>Delaware.</i> —J. W. Thomson.	<i>Wisconsin.</i> —W. H. Brisbane.

After the Nominating Committee had retired, Dr. Pitcher, of Michigan, from the Committee of Arrangements, submitted the following report:

In conformity to the domestic and social usages of the place of meeting, the committee have to suggest that the sessions of the

Association take place in accordance with the following plan, and that they commence and terminate each day at the hours designated therein :

*Tuesday*.—Morning session begins at 9, A. M., and ends at half past 12, M. Afternoon session begins at 2, P. M., and ends at 5, P. M.

*Wednesday*.—Morning session begins at 9, A. M., and ends at half past 12, M. Afternoon, no session.

*Thursday*.—Morning session begins at 9, A. M., and ends at half past 12, M. Afternoon session begins at 2 and ends at 5, P. M.

*Friday*.—Morning session begins at 9 o'clock, A. M.

This arrangement of the hours of meeting and adjournment conforms, also, to the suggestions contained in the resolutions of Dr. N. S. Davis, of Illinois, and which were, on his motion, referred to this committee for their consideration by a vote of the Association. Regard for the mover of the resolutions, and the authority of the body by which they were submitted to us, requires from the committee a respectful reply. Your committee, in view of the existing state of our professional literature, feel reluctant to advise a departure from the present mode of laboring to promote a higher degree of culture in those preparing to become members of the medical profession, and to establish in those already engaged in its duties a habit of recording the results of their observations. They think that the effects of such a change as is contemplated in the resolutions of Prof. Davis, and the more amplified expression of his idea contained in the address of the then president, Dr. Pope, of Missouri, delivered at Philadelphia, in 1855, can be easily foreseen. To a few, who are gifted with colloquial powers, and to others who have undergone the discipline required to fit them for public debate, the interest of the meetings, conducted upon the plan proposed in the resolutions, would be greatly increased ; but as the great body of the Association would (voluntarily, it is true,) be excluded from participation in these exercises, the enthusiasm which now characterizes our anniversaries would subside, and with it the professional *esprit du corps* which has been already developed through the instrumentality of the Association. We presume that the objects for which this organization was effected have not been lost sight of by the majority of its members ; neither can it be pretended that those purposes have been so far accomplished as to justify us in laying it aside, or in diverting it from its original design.

Your committee feel that the profession has no right to rail at the public for misappreciation of it, so long as we continue to admit men into its folds destitute of that knowledge, both in nature

and degree, necessary to make a decent appearance in general society, or to fit a man for the more ordinary and less responsible pursuits of life. From the early records of the Association, it appears that this conviction, on the part of the profession in the United States connected with the design of reforming, in certain particulars the medical schools of our country, led to its organization in 1847, and until its mission in both respects has been accomplished, the committee would reluctantly recommend the adoption of any measure tending, in their judgment, to divert it from the design of its creation. Thus far the influence of the Association has gradually extended itself into the rank and file of the profession. It has increased the number of writers, given an impulse to the medical mind, and encouraged a useful and laborious class, gratified to observe and willing to submit their observations to the public, because they can be incorporated into the body of the transactions without being subjected to a sifting criticism. It is true, that in this way, articles have been printed that did not always inure to the credit of the Association, but at the same time, and by that means, motion and fertility have been given to minds that would have lain fallow and unproductive, which the dread of the conspicuity belonging to a mental gymnasium would have driven into deeper obscurity. The committee, however, while they would resist any tendency to radicalism in their own opinions, cannot dismiss the subject without expressing their belief that, in order to secure the objects of our organization, it is as necessary to increase the breadth and depth of its base as to elevate the shaft designed to spring from it—for without such preparation the superstructure, however beautiful in aspect, would be of transient duration.

Having arranged the hours for meeting and adjourning, so as to place it in the power of the Association to adopt or reject, without inconvenience, the proposition of Dr. Davis, the committee respectfully ask to be excused from submitting a distinct proposition on the subject.

By order of the Committee of Arrangements,  
Z. PITCHER, Chairman.

The report was accepted.

The President announced the death of the eminent Dr. John C. Warren, of Boston, Mass., in that city, on Sunday morning.

Dr. Childs, of Mass., felt compelled to say a few words in this connection. He had been associated with the deceased for more than half a century, and should feel that he had been derelict of duty if he neglected to speak in his laudation. Dr. Warren was the nephew of Joseph Warren, who fell gloriously at the battle of Bunker Hill. He was at the head of his profession in Massachu-

setts—had been President of the State Medical Society, and occupant of other elevated medical positions. His professional reputation was high, and his personal reputation spotless. His fame was not confined to Massachusetts. Though devoted to medical science, he was not limited to that alone, but paid attention to every branch of literature and art. If young members of the profession would be useful and eminent, they should follow the example of Dr. John C. Warren. To the older, the speaker would point out Dr. W.'s moral character as an exemplar. Such a life as his inevitably terminates in a death beatified by a surety of eternal happiness.

Dr. Gross, of Kentucky, made some remarks eulogistic of the deceased. He alluded to his high reputation—a reputation, he observed, not confined to America, but extending to every corner of the civilized world. Dr. Warren was the Nestor of American surgery. Dr. G. concluded by offering the following:

*Resolved*,—That a committee of five be appointed to draft resolutions expressive of the feelings of this Association at the loss of their late associate, Dr. John C. Warren.

The resolution was adopted, and the President appointed, as such committee, Dr. Gross, of Kentucky, Dr. Childs, of Massachusetts, Dr. Wood, of New York, Dr. Pitcher, of Michigan, and Dr. Geddings of South Carolina.

On motion, the Association adjourned to 2, P. M.

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AFTERNOON SESSION.

The President called the Association to order at 2 o'clock.

The Secretary read a letter from Dr. Grafton Tyler, of the District of Columbia, one of the Vice Presidents, excusing his absence.

He also read letters from the State Medical Society of Tennessee, and from the University of Nashville, inviting the Association to hold its next annual session at Nashville, Tennessee; also, one tendering the use of the Hall of Representatives, of that State, for the purposes of said session.

On motion of Dr. Brodie, of Michigan, referred to Committee on Nominations.

The Committee on Nominations submitted the following report:

The Committee on Nominations unanimously nominate the following officers of the American Medical Association for the ensuing year:

*President*,—Dr. Zina Pitcher, of Detroit.

*Vice Presidents*,—Drs. Thomas W. Blatchford, of New York; Wm. K. Bowling, of Tennessee; E. Geddings, of South Carolina; W. H. Brisbane, of Wisconsin.

*Secretaries*,—Drs. Wm. Brodie, of Michigan; R. C. Foster, of Tennessee.

*Treasurer*,—Dr. Casper Wister, of Pennsylvania.

The report was accepted, and the nominations unanimously confirmed.

On motion of Dr. Atlee, of Pennsylvania, the President was requested to deliver his annual address.

At the conclusion of the address, on motion of Dr. Atlee of Pa.,

*Resolved*,—That the thanks of the Association be presented to our late President for the able and interesting parting address he has just delivered, and that he be requested to present to the Committee of Publication a copy, for preservation in our transactions.

On motion of Dr. Atlee, of Pa.,

*Resolved*,—That a committee of three be appointed to inform the President and Vice Presidents elect of their election, and conduct them to their seats.

The President appointed, as such committee, Drs. Atlee, of Pa., Reeves, of O., and Sutton of Ky.

Upon taking the chair, Dr. Pitcher said:

Although fully aware of my indebtedness, for this distinction, to your observance of a custom equivalent in force to positive law, of selecting your presiding officer, in each successive year, from the State in which the meeting of the Association is held, I feel myself more honored by your partiality than if I had received the same mark of respect from any other body of men known to the annals of our country.

This sentiment of regard for the body towards which I now hold, by this act of yours, so delicate and interesting a relation, has been inspired by a contemplation of the ideal of the physician, and strengthened by my growing acquaintance with the individuals who compose it.

Being unaccustomed to presiding in deliberative assemblies, I shall throw myself upon the indulgence of the Association, and rely upon the kindness and intelligent co-operation of the individual members for assistance in performing the duties of the chair.

While thanking you most cordially for this expression of confidence, I can only assure you that such abilities as I possess shall be devoted to the prosperity of the Association and the harmony of its proceedings.

On motion of Dr. Gunn, of Mich.,

*Resolved*,—That the resolution passed at St. Louis, requiring a majority of the Committee on Publication to be appointed from residents of the place where the meeting is held, be repealed.



Dr. Phelps, of New York, offered the following :

*Whereas*—The pleasure and satisfaction of attending the deliberations of this Association would be greatly enhanced, the duties of the secretaries and reporters facilitated, and order at the same time secured, by the observance of two things, to wit: first, that the audience be put in possession of the name and residence of the speaker; and secondly, that they be enabled distinctly to hear what he has to say: therefore,

*Resolved*,—That no one be permitted to address the Association except he shall have first given his name and residence, which shall be distinctly announced from the chair, and the member be required to go forward and speak from the stand, and not more than ten minutes at one time.

A motion to lay on the table was lost. The resolution was then adopted.

At the request of Dr. Gross, of Ky., his report upon "The Causes that Retard Medical Education and Literature," was made the special order for Wednesday at 10 o'clock.

Dr. Palmer, of Ill., from the Committee on Prize Essays and Volunteer Communications, submitted the following:

"The Committee on Prize Essays and Volunteer Communications," report, that some months since they issued a card, which was extensively published in the medical journals, setting forth the terms upon which essays intended for prizes would be received; but that the number of papers presented has been but four.

By referring to the past records of the Association, it is found that the numbers received by preceding committees have been, in 1852, 16; in 1853, 15; in 1854, 9; in 1855, 6; and in 1856, 4.

Your committee beg leave to call attention to this almost regular and quite rapid decrease in the number of essays presented, for the purpose of having the Association consider whether there be not danger that the number which may hereafter be furnished will be so small as to afford insufficient range of comparison and choice to cause the preference shown to be much valued, if, indeed, presentations do not cease altogether, and whether any means should be devised for preventing such a result.

The essays received by your committee have been subjected to a careful examination, and while admitting that they all possess a degree of merit which would render them suggestive and useful if given to the profession, still, in their opinion, but one manifests that evidence of careful and laborious investigation, that wide scope and rigid accuracy of logical reasoning, that chasteness of expression and artistic skill in the presentation of the subject, as to furnish sufficient claim for awarding a prize by this body.

But one prize is therefore awarded. The essay selected for this honor bears the title—"An Essay on the Arterial Circulation."

It is regarded by the committee as possessing the merits just alluded to, and while not wishing to give an unqualified endorsement of all the views which it contains, they regard it as possessing not only interest in its physiological and scientific relations, but also real value in its pathological and practical bearings.

The production has considerable length, and by the fulness with which the views advanced are discussed, it partakes as much of the nature of a treatise as an essay. It has at least one quality which Lord Bacon considered necessary to a treatise as distinguished from an essay—it required a degree of leisure on the part of the writer, and will require the same on the part of the reader for him fully to appreciate its value.

The essay bears the motto—"Una est Veritas."

(Signed,)

A. B. PALMER, Ch'n.  
SAMUEL DENTON,  
SILAS H. DOUGLASS,  
AB'M SAGER,  
E. ANDREWS.

On breaking the seal of the accompanying packet, Dr. Henry Hartshorn, of Philadelphia, Pa., was found to be the successful essayist.

The report was accepted.

Dr. Blatchford, of New York, from the committee on "Hydrophobia, and the Connection of the Season of the Year with its Prevalence," read a report thereon. The committee, in conclusion, submitted the following resolution, which was adopted:

*Resolved*,—That the Secretary transmit to the Governor of each State a copy of the statistical part of this report, with the respectful request that he would bring the subject before the Legislature of the State over which he presides, that in their wisdom they may devise and unite upon a plan by which the evil may be mitigated, if not removed.

The Committee on Nominations reported in favor of holding the next annual meeting of the Association at Nashville, Tenn.

Dr. Gross, of Ky., moved to strike out, "Nashville, Tenn.," and insert "Louisville, Ky." He thought Nashville, at present, difficult of access.

Dr. Geddings, of S. C., and Lindsley, of Tenn., advocated the adoption of the report.

Dr. Gross withdrew his amendment, and the report was adopted.

Dr. Wister, of Penn., from the Committee on Publication, made the annual report. It states that the first copies of the transactions of the last session of the Association were issued on the 10th

of November, 1855; that 1,100 copies were printed; that the aggregate expense of printing, illustrating and binding, was \$1,922 70; that the distribution of the volume was effected, in every possible instance, by express; that Drs. C. Hooker, of Ct., Alden March, of Albany, J. L. Atlee, of Pa., W. Brodie, of Mich., C. B. Gibson, of Richmond, E. L. Beadle, of N. Y., H. W. Dessaussure, of S. C., C. A. Pope, of Mo., D. H. Storer, of Mass., T. G. Richardson, of Ky., J. Moran, of R. I., T. Miller, of D. C., F. E. B. Hentze, of M. D., L. P. Bush, of Del., Z. Pitcher, of Mich., and J. B. Lindsley, of Tenn., have rendered essential service to the Association—some in procuring subscription to the volume, and all by cordial co-operation in its distribution; that it is important to secure efficient co-operation in every State by the appointment of gentlemen whose duty it shall be to aid in procuring subscriptions for and circulating the transactions; that Connecticut is especially to be commended for her services in this particular; that not a little embarrassment was experienced by the committee in restoring to the list of permanent members the names of those who had been left off by order of the Association for non-payment of assessments; that they had endeavored, however, by careful comparison of the various lists, to supply all omissions; that the committee had been reluctantly obliged to omit from the transactions two valuable reports on epidemic diseases—by Dr. L. H. Anderson, of Ala., and Dr. E. D. Fenner, of New Orleans; but as they had not been presented to the Association, and acted on by that body, there was no other alternative; that the following resolution, passed at the last session, should be strictly enforced:

*Resolved*,—That hereafter, beginning with the session of 1856, no report, or other paper, shall be entitled to publication in the volume for the year in which it shall be presented to the Association, unless it be placed in the hands of the Committee of Publication on or before June 1st.

The report further states that the number of volumes of transactions now remaining on hand, is as follows: of Vol. I., 41; of Vol. II., 9; of Vol. III., 32; of Vol. IV., 7; of Vol. V., 316; of Vol. VI., 66; of Vol. VII., 120; of Vol. VIII., 351; that some of the leading journals abroad have expressed a strong desire to complete their sets, and it rests with the Association to determine whether the missing numbers shall be supplied; that, as only seven complete sets of the transactions are now in the possession of the Association, the committee recommend that no copy of either of the eight volumes which is necessary to the complete sets now remaining, shall be disposed of separately, or with any number of volumes short of a complete set.

Dr. Atlee, of Pa., made some remarks upon the report, in the

Dr. Wood, of Philadelphia, moved to refer the nomination of standing committees to the Committee on Nominations. Carried.

Dr. Breckenridge, of Ky., stated that the Committee on Medical Literature was ready to report.

Dr. Palmer, of Chicago, stated that the Committee on Plan of Organization for State and County Medical Societies was ready to report.

Dr. Smith, of N. J., moved that that portion of the resolution requiring members, when speaking, take the stand, be rescinded. Carried.

Dr. Atlee, of Pa., moved to refer the prize essay of Dr. Harts-horn on Arterial Circulation, and the Report of Dr. Blatchford on Hydrophobia, to the Committee on Publication. Carried.

Dr. Wister, of Pa., the Treasurer, read his annual report. It recommends that the Treasurer be requested, at an early date after the adjournment of the present meeting, to address a circular to each permanent member, announcing the abrogation of the resolution of 1854—making a yearly subscription to the transactions obligatory—and the consequent restoration to membership of all those dropped from the published list of that year,—advertising, also the practicability of procuring back numbers of the transactions, with information as to the cost at which the series of volumes may be rendered complete, or an entire set furnished by the Association.

The account of the Treasurer with the Association is as follows:

Amount received,	-	-	-	-	-	-	\$ 3,584	26
" paid out,	-	-	-	-	-	-	2,633	74
Balance on hand,	-	-	-	-	-	-	\$ 950	52

The correctness of the account is certified to by the proper committee.

The report was accepted, and referred to the Committee on Publication.

Dr. McNulty, of the New York Academy of Medicine, offered a resolution, that a committee of one from each State be appointed by the Committee on Nominations, to prepare, and report to the Association during the present session, an address to the people of the United States, setting forth the strong claims the medical profession have on their respect, gratitude and confidence.

Dr. McNulty explained the purpose for which he offered the resolution. Many people, he said, had a prejudice against the medical profession for holding to the dignities of their calling, and entertained the idea that the science of medicine was a collection of absurdities and superstitions. He wanted to show clearly that this is not the fact, and, in this view, he thought the address proposed would have a beneficial effect.

Dr. Kittredge moved to amend the resolution by making it read that every member of the Association should take the stump and defend the cause.

After a few other remarks the resolution was withdrawn.

Dr. Gunn, of Mich., reported the following names of members by invitation: Dr. P. N. Curtis, of Tecumseh, Mich., proposed by Dr. M. A. Patterson, of Tecumseh; Dr. C. West, proposed by Dr. Z. Pitcher, of Detroit; Dr. James Bronson, of Newton Falls, Ohio, proposed by Dr. Thomas W. Gordon, delegate from the Ohio Medical Society; Dr. Benjamin Stanton, of Salem, Ohio, proposed by Dr. Geo. Mendenhall, of Cincinnati; Dr. Eames, of Ohio, proposed by Dr. Stockwell; Dr. N. K. Maniates, of Marshall, proposed by Dr. M. Gunn, of Detroit. The report was adopted.

The President read a communication from Dr. Stillie, chairman of the committee appointed last year to consider the subject of extending the lectures of each chair in medical schools over a period of two years, stating that the views of medical institutions had as yet been imperfectly ascertained, and asking a continuance of the committee. Granted.

Dr. Watson, of N. Y., moved that the Committee on Epidemics meet immediately after the adjournment. Agreed to.

The President read an invitation to the Association to attend the session of the American Association for the Advancement of Science, at Albany, in August next,—at which time also, the Dudley Observatory will be inaugurated, and an address delivered by Hon. Edward Everett. The invitation was accepted.

The Association then adjourned to meet this morning at 9 o'clock.

## SECOND DAY'S PROCEEDINGS.

The Association was called to order by the President, at nine o'clock yesterday morning.

The minutes were read, corrected, and approved.

Dr. Wister, of Pa., read the list of delegates who had registered their names since the last report.

The Secretary read communications from the following gentlemen, asking an extension of time in which to report upon the subjects named:

Dr. A. J. Semmes, of N. Y.,—"Coroners' Inquests."

Dr. J. Taylor Bradford, of Ky.,—"Treatment of Cholera."

Dr. J. M. Reese, of N. Y.,—"Infant Mortality."

Dr. E. R. Peaslee, of Me.,—"Inflammation, &c."

Dr. J. W. Corson, of N. Y.,—"The Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease."

Dr. Mark Stephenson, of N. Y.,—"The Treatment best adapted to Each Variety of Cataracts, with the Method of Operation, Place of Election, Time, Age, &c."

Dr. Beech, of Mich.,—"Medical Topography, and Epidemics."

Dr. J. C. Hutchinson, of N. Y.,—"The Anatomy and Histology of the Cervix Uteri."

Referred to Committee on Nominations.

The Secretary announced that he had received the following resolution adopted at the last meeting of the New York State Medical Society:

*Resolved*, That the members of the American Medical Association be invited to attend the semi-centennial celebration of this society, which will occur on the first Tuesday of February, 1857.

The invitation was accepted.

The Secretary read the following communication, dated April 7, 1856, from the Secretary of the Ohio State Medical Society:

SIR—At the annual meeting of this society, held in June last, at Zanesville, Ohio, the following resolutions were adopted, and I was directed to furnish you with a copy of the same:

*Resolved*, That the resolution offered by Dr. Grant, (a member of this society, but not at this or at that time a practitioner of medicine, but a lawyer,) at the last session of the society, viz: "That it is not derogatory to medical dignity, or inconsistent with medical honor, for medical gentlemen to take out a patent-right for surgical or mechanical instruments," was offered when many members had left for their homes, and is not, therefore, the sense of the society.

*Resolved*, That the said resolution is in direct opposition to the

code of medical ethics adopted by this society, and therefore be it further

*Resolved*, That said resolution, offered by Dr. Grant, and adopted by the society, be and is hereby, rescinded.

The communication was ordered to be placed upon the minutes.

The Secretary read a communication from Dr. Hamilton, of Buffalo, N. Y., transmitting the second part of a report upon Deformities after Fracture and Dislocations, and asking for a correction of the minutes of last session in regard thereto. Dr. H. also asked that he be permitted to incorporate, in a volume upon the subject he is preparing for publication, that portion of the report already published by the Association.

On motion of Dr. Brodie, of Mich., the minutes were amended.

Dr. Atlee, of Pa., offered a resolution that the request of Dr. H., in regard to the publication of the report, be granted.

Dr. Lindsley, of Tenn., opposed the resolution. A similar request was denied at the session of the Association held at St. Louis.

Dr. Palmer, of Ill., moved to refer the matter to a special committee. Carried.

The President appointed as such committee, Drs. Palmer, of Ill., Atlee, of Pa., and Hills, of Ohio.

The following gentlemen were admitted as members by invitation of the Association: Drs. Edward Cox and S. B. French, of Battle Creek, Mich., introduced by Dr. Gunn; Dr. O'Donohue, of Battle Creek, introduced by Dr. Coates; Dr. G. W. Carhartt, of Wayne, N. Y., introduced by Dr. Cone; Dr. S. A. Scott, of Woodstock, C. W., introduced by Dr. Stewart; Drs. E. R. Thornton, of Belleville, Mich., Holly, of Shiawassee, Mich., Foster, of Unadilla, Mich., and W. H. Stevens, of Mich., introduced by Dr. Denton; Dr. Thomas M. Franklin, of Lafayette, Ind., introduced by Dr. Rockwell.

Dr. Gunn, of Michigan, moved that those gentlemen from Canada, who are here by general invitation, be admitted in a body and be requested to take seats on the platform during this morning's session. Carried.

The following gentlemen complied with the invitation:

Dr. E. M. Hodder, F. R. S. Eng., Prof. of Midwifery and Diseases of Children, Trinity College, Toronto.

Dr. J. H. Richardson, M. R. C. S. Eng., Examiner in Anatomy, University of Toronto.

Dr. Norman Bethune, M. R. C. S. Eng. Prof. of Anatomy, Trinity College, Toronto, C. W.

Dr. Worthy Haswell, M. R. C. of Surgery, Eng.

Dr. A. K. Dewson, College Physicians and Surgeons, N. Y., Licentiate of Province of the Canadas.

Dr. Geo. Coatsworth, Medical Department University of Buffalo, Licentiate of Province of the Canadas.

Dr. John Tarquand—Woodstock, C. W.

In receiving them upon the platform, the President, Dr. Pitcher, said he was happy to be the instrument of celebrating the nuptials by which we effect a scientific re-union of the two members of the Anglo-Saxon race, which have so long been separated by the political relations having their origin in the separation of the American colonies from the English crown.

Dr. Hodder, in behalf of his Canadian brethren, thanked the Association for the courtesy and kindness extended to them.

Dr. Sutton, of Ky., offered a resolution that 1,000 copies of the address of the late President, Dr. Wood, be published.—Adopted.

On motion of Dr. J. B. Lindsley, of Tenn.,

*Resolved*, That a committee of three be appointed by the Chair, to prepare a suitable minute in reference to the death of our late Secretary, Dr. P. C. Gooch, of Richmond, Va., who fell a martyr while contending with the pestilence in Norfolk, in 1855.

The President appointed as such Committee, Drs. Lindsley, of Tenn., Thomson of Del., and Mendenhall, of Ohio.

Dr. Gross, of Ky., from committee appointed the day previous, reported the following preamble and resolutions relative to the death of Dr. J. C. Warren of Boston:

*Whereas*, It has pleased Almighty God to remove from the scene of his earthly labors our late fellow-member, Dr. John C. Warren, of Boston, formerly President of this Association, and for many years Professor of Anatomy and Surgery in Harvard University;

*And whereas*, It is just and proper that, when a great and good man dies, his memory should be cherished by his fellow citizens, and transmitted unimpaired to posterity for the encouragement of future ages; therefore,

*Resolved*, That this Association has learned with profound regret the news of an event which has deprived the American medical profession of one of its oldest, most useful and most illustrious members—American surgery one of its greatest ornaments—science one of its best friends—and humanity one of its noblest benefactors.

*Resolved*, That the life of Dr. John C. Warren affords an example of a man who, notwithstanding the possession of ample riches, devoted himself, heart and soul for upwards of half a century, to the cultivation and advancement of his profession, and to the good of the human race.

*Resolved*, That this Association deeply sympathise s with th



family of Dr. Warren in their bereavement, and that the Secretary be requested to transmit to them a copy of these proceedings.

The preamble and resolutions were adopted and referred to the Committee on Publication.

Dr. Gross, of Ky., read a report on "The Causes which Impede the Progress of American Medical Literature." In conclusion, he submitted the following resolutions:

*Resolved*, That this Association earnestly and respectfully recommends: 1st. The universal adoption, whenever practicable, by our schools, of American works, as text-books for their pupils. 2d. The discontinuance of the practice of editing foreign writings. 3d. A more independent course of the medical periodical press towards foreign productions, and a more liberal one towards American; and, 4th. A better and more efficient employment of the facts which are continually furnished by our public institutions for the elucidation of the nature of diseases and accidents, and, indirectly, for the formation of a vigorous, and an independent national medical literature.

*Resolved*, That we venerate the writings of the great medical men, past and present, of our country, and that we consider them as an important element of our national medical literature.

*Resolved*, That we shall always hail with pleasure any useful or valuable work emanating from the European press, and that we shall always extend to them a cordial welcome, as books of reference, to acquaint us with the progress of legitimate medicine abroad, and to enlighten us in regard to any new facts of which they may be the repositories.

Dr. Phelps, of New York, moved that the report and resolutions, as a whole, be adopted.

At the suggestion of a member, the question was divided. The report was adopted.

Upon the reading of the first resolution, a member proposed to substitute "just" for "liberal," in line 8. Dr. Gross accepted the amendment.

Dr. Yandel, of Ky., moved that the resolutions be made the special order for Thursday morning. Lost.

Dr. Cobb, of N. Y., was opposed to the resolutions. If adopted and sent out to the world, they savor too much of Know-Nothingism to make them palatable. (Sensation.)

Dr. Leidy, of Pa., was in favor of leaving to teachers of medicine the selection of their own text-books.

Dr. Davis understood there was another report touching upon the subject—that upon "American Medical Literature," by Dr. Breckenridge, of Ky. He moved to lay the resolutions upon the table until that report was . . . Carried.

The Secretary read a communication from Dr. P. A. Jewett, of Conn., chairman of the Committee to Procure Memoirs of the Eminent and Worthy Dead. Referred to Committee on Nominations.

Dr. Breckenridge, of Ky., read a report upon American Medical Literature.

On motion of Dr. Hooker, it was accepted and referred to the Committee on Publication.

The Association then adjourned to this morning at 9 o'clock.

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THIRD DAY.—MORNING SESSION.

The Association was called to order by the President, at 9 o'clock.

The minutes were read, corrected and approved.

A communication from Dr. Wroth, of Md., relative to a report upon the Medical Topography of the Eastern Shore of Maryland, and one from Dr. Thomson, of Ky., relative to a report on "Chloroform," were referred to the Committee on Nominations.

The Secretary read a letter from E. S. Lemoine, of St. Louis, enclosing an autograph letter from M. Dubois.

The Secretary read a communication from J. C. Holmes, Esq., the Secretary of the Michigan State Agricultural Society, presenting to the Association twenty-five copies of the transactions of the society for 1853, and also the same number of the transactions for 1854.

Dr. Brodie, of Mich., moved that the thanks of the Association be returned therefor, and that one copy be presented to each State represented. Carried.

On motion, Dr. McGugin, of Iowa, was appointed a member from that State of the Committee on Nominations.

On motion of Dr. Atlee, of Pa.,

*Resolved*,—That the President shall be authorized, annually to appoint delegates to represent this Association, at the meetings of the British Association and the American Medical Society of Paris, and such other scientific bodies in Europe as may be affiliated with us. Adopted.

Dr. Gluck, of New York, offered the following:

*Whereas*, During the present year a Medical Congress is to be held in Europe; therefore

*Resolved*,—That the American Medical Association send to that congress four delegates, representing the four sections of the Union.

Dr. Davis, of Ill., thought it might be necessary and proper to send a greater number than four. He moved to lay the resolution on the table. Carried.

Dr. Clendenin offered the following:

*Resolved*.—That a committee of one be appointed, for a period of three years, with instructions to report progress at each annual meeting of this Society, to investigate the etiology and pathology of epidemic cholera, and that said committee be allowed to add any other members to the same which they think may be necessary to further the objects of the appointment.

On motion, referred to the Committee on Nominations.

On motion of Dr. Mendenhall, of Ohio.

*Resolved*.—That the Secretary be instructed to strike the name of C. H. Cleveland from the list of permanent members of this Association.

On motion of Dr. Atlee, of Pa.,

*Resolved*.—That the name of James R. McClintock be stricken from the list of permanent members.

On motion of Dr. Bissell, of New York,

*Resolved*.—That this Association has learned, with deep regret, the death of one of its members, Dr. Theodore Romeyn Beck, of Albany, N. Y., whose whole life has been devoted to the attainment and promotion of medicine and general science, and that we do hereby express our high appreciation of the excellencies of his character, distinguished by its simplicity, integrity and firmness of purpose, and by the extent and variety of his acquirements in medical as well as in almost every other department of science.

*Resolved*.—That the above resolutions be referred to the committee, to procure memorials of the eminent and worthy dead, and that they be requested to procure a memoir of the late Dr. Beck, to be published in the transactions of the Association.

Dr. Bloodgood, of Ill., offered the following:

*Resolved*.—That the constitution of this Association be so amended as that hereafter the president shall be elected by ballot, and shall not be a resident of the State in which he is elected.

On motion of Dr. Watson, of New York, laid on the table.

Dr. Wister, of Pa., offered the following, which was adopted:

*Resolved*.—That the invitation to gentlemen of the medical profession of Canada, extended to them by the American Medical Association, at its session in Philadelphia, be renewed for the meeting at Nashville, Tenn.; and that this Association may be safe from the introduction of unsuitable persons, it is recommended that gentlemen presenting themselves from the province of Canada, should be provided with a letter of introduction to this Association from one of the following gentlemen: Drs. Farquand, A. Scott, Woodstock, Canada; Drs. Hodder, Bethune, Richardson, Bonell, Haswell, Widmer, Beaumont, Herrick, of Toronto; Drs. O'Reilly, Craigie, Duggan, of Hamilton; Dr. Sampson of Kingston.

Dr. Phelps, of New York, offered the following:

*Whereas*, It has pleased an All Wise, but Inscrutable Providence, to visit the city of Norfolk, Va., and vicinity, with a desolating pestilence,

equal, or surpassing any recorded in ancient or modern times, and by which, in a few weeks, forty physicians, either residents or those from abroad, who had promptly rushed to the rescue, (among the number of whom was our late Secretary and associate, Dr. Gooch, of Richmond,) had been swept away, therefore,

*Resolved*,—That such an instance of signal and unflinching devotion to the cause of science and of humanity, demands at the hands of this national Association a passing expression of their high admiration of this—another memorable instance of the unparalleled sacrifices of the profession to the interests of the healing art and of the race.

*Resolved*,—That this minute be incorporated in our transactions. Adopted.

On motion of Dr. Palmer, of Ill., Rt. Rev. Samuel A. McCoskry, Episcopal Bishop of this diocese, was invited to a seat upon the platform.

The like courtesy was extended to Dr. Mussey, formerly President of the Association.

Dr. Stocker, of Pa., offered the following amendments to the constitution :

Amend article 3, so that it shall read : " Article 3. The regular meetings of the Association shall be held annually, and commence on the first Tuesday of May. The Association shall meet biennially in the city of ——. The place of meeting for the intermediate year shall be determined by a vote of the Association."

Amend article 4, by providing for one permanent and two assistant secretaries, and also specifying the duties, &c., of each.

Laid on the table under the rule.

Dr. Dorsey, of Ohio, offered the following :

*Resolved*,—That in May, 1858, and every third year thereafter, this Association meet at Washington city, and that the present officers be requested to correspond with the Board of Managers of the Smithsonian Institute, in regard to furnishing necessary rooms for the keeping of the archives of the Association.

Laid on the table under the rule.

On motion of Dr. Sheets,

*Resolved*,—That it is derogatory to the dignity of the medical profession to notice the works of irregular practitioners in our medical periodicals.

Dr. Davis, of Ill., moved that reports be made the special order. Carried.

Dr. Watson, of N. Y., moved to reconsider the last vote, in order to take up the resolutions attached to the report of Dr. Gross, of Ky., upon the " Causes which Retard American Medical Literature." Carried.

The resolutions were taken up ; the question being upon their adoption.

Dr. Gross read extracts from his report, explained the intent of the resolutions, insisted upon their necessity, and advocated their adoption.

Dr. Davis, of Ill., was opposed to adopting any report. There were now before the Association two reports, [the one by Dr. Gross, of Ky., and one by Dr. Breckenridge, of Ky.,] presenting directly adverse views. He thought both should be accepted and referred to the proper committee—nothing more.

Dr. Breckenridge, of Ky., said the point at issue is—whether the Association will favor the sectionalism or the universality of medicine. If Dr. Gross's report and resolutions are adopted we decided in favor of the former.

Dr. Cobb, of N. Y., foresaw the difficulty that would arise in adopting Dr. Gross's report the day previous.

Dr. Watson, of N. Y., moved to reconsider the vote by which the report was adopted. Carried.

He then moved that the report be accepted. Carried.

On motion of Dr. Atlee, of Pa., the report and resolutions of Dr. Gross, and the report of Dr. Breckenridge upon "American Medical Literature," were referred to the Committee on Publication.

Dr. Palmer, of Ill., from special committee, to which was referred the communication of Dr. Hamilton, reported the following resolution, which was adopted:

*Resolved*,—That leave be granted to Dr. F. H. Hamilton to make use of the materials of his report on "Deformities After Fractures," which is in course of publication by this Association, in his anticipated work upon "Fractures and Dislocations."

Dr. A. B. Palmer, from the Committee on Plans of Organization for State and County Medical Societies, presented a lengthened and able report, containing numerous useful suggestions, with outlines for the proper organization of local societies, and a series of resolutions in accordance with the views enforced in the report. Accepted, and referred to the Committee on Publication.

On motion, the resolutions were temporarily laid on the table for further action by the Convention.

Dr. Davis, of Ill., Chairman of Special Committee, reported on "The Changes in the Composition and Properties of the Milk of the Human Female, Produced by Menstruation and Pregnancy," in a paper containing numerous valuable details of much interest to the profession and the public, obtained by careful examination and comparison, and showing conclusively the ill effects of lactation, especially during the latter of the periods referred to. Accepted, and referred to Committee on Publication.

Dr. Charles Q. Chandler, of Missouri, who was to report on "Malignant Periodic Fevers," submitted, as a substitute, through Secretary Brodie, a paper on "Sulphate of Cinchona," which was received as a "voluntary contribution," and referred to a special committee.

Dr. Johnson, of Chicago, asked further time to report on "Excretions, &c." Referred to Committee on Nominations.

Dr. J. M. Newman, of Buffalo, from Committee on "The Sanitary Police of Cities," presented an elaborate report, embracing details of the various estimated causes of disease in cities, as compared with rural localities, together with numerous valuable statistics of mortality in the largest cities of Europe and the Union, of which the Doctor, at the request of the Association, gave a brief verbal abstract. The report, evidently, embodies a vast mass of useful information, with deductions from it that city life is inimicable to health and longevity, and arguments enforcing the urgent necessity for ameliorating the sanitary condition of the populous localities of cities and large towns. Of diseases arising from impure air and insufficient ventilation, classed under the term "zimotoic," the report stated that, in 1850, 40 per cent. of all the deaths in the various cities were of that nature. The report also embodied details of the loss of life from cholera, small pox, &c., giving startling expositions of danger from these sources, and recommends the enactment of laws for compulsory ventilation and cleanliness, as well as for vaccination, &c. Accepted, and referred to Committee on Publication.

Adjourned to 2, P. M.

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AFTERNOON SESSION.

The Association met at 2 o'clock.

Dr. Frost, of Charleston, S. C., offered the following resolution, which was adopted:

*Resolved*,—That the thanks of this Association are due to the retiring officers, for the zealous and efficient manner in which their duties have been performed; to our late President, for the courtesy and ability with which he has presided over our deliberations; to all the officers for their attention to the laborious duties of their stations—not excepting our Committee on Publication, to whom we must feel indebted for the satisfactory form in which the volume of the transactions appears.

Dr. A. J. Fuller, of Me., Chairman of the Committee on the best treatment of Cholera Infantum, read a report thereon, in which he stated that the pathology of the disease was little understood, and that physicians should interchange views on the subject.

The report was accepted, and referred to the Committee on Publication.

Dr. Green, of N. Y., Chairman of the Committee on the Use and Effects of the Application of Nitrate of Silver to the Throat, read a report thereon. He asserted that great benefits had been derived from topical medication in thoracic diseases—tuberculosis, bronchitis, &c. The report was accepted and referred to the Committee on Publication.

Dr. Flint, of Louisville, Chairman of the Committee on the best mode of rendering the Medical Patronage of the National Government tributary to the honor and improvement of the profession, read a report thereon. He denounced the granting of patents by the United States government to "quack medicines," stating, however, that it appears from a letter written by the present Commissioner of Patents, that the practice of the office has been to discourage such a use of its functions, and that, during the past fifteen years, but four or five such patents have been granted, although from twenty to thirty applications therefor have been made per year. The credit of sanitary improvements, Dr. F. said, were not due to individuals, but to medical science. Such improvements are never discoveries or revelations, but inductions. The United States government should aid the great cause of medical science, by making appropriations for the publication of the transactions of the National Association, and by paying prizes for the best essays on subjects selected by that Association. The report was accepted, and referred to the Committee on Publication.

The Committee on Nominations made the following report:

The Nominating Committee beg leave to make the following report:

For Chairman of Special Committees for 1887:

Dr. E. R. Peaslee, of Brunswick, Me., on Inflammation, its Pathology and its Relation to the Recuperative Process.

Dr. J. C. Hutchinson, of Brooklyn, N. Y., and Charles E. Isaacs, of New York city, on the Anatomy and Histology of the Cervix Uteri.

Dr. J. Taylor Bradford, of Augusta, Ky., on the Treatment of Cholera.

Dr. Mark Stephenson, of N. Y., on the Treatment Best Adapted to each variety of Cataract, with the Method of Operation, Place of Election, Time, Age, &c.

Dr. J. W. Corson, of N. Y., on the Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease.

Dr. D. Meredith Reese, of N. Y., on the Causes of Infant Mortality in Large Cities, the Source of its Increase, and the Means for its Diminution.

Dr. J. Foster Jenkins, of Yonkers, N. Y., on Spontaneous Umbilical Hemorrhage of the Newly Born.

Dr. Henry Carpenter, of Lancaster, Pa., on the Use of Instruments in Obstetrical Practice.

Dr. Alex. J. Semmes, of Washington, D. C., on the Measures to be Adopted to Remedy the Evils Existing in the Present Mode of Holding Coronors' Inquests.

Dr. J. Marion Sims, of New York city, on the Treatment of the Results of Obstructed Labor.

Dr. J. B. Flint, of Louisville, Ky., on the True Position and Value of Operative Surgery as a Therapeutic Agent.

Dr. G. Volney Dorsey, of Piqua, Ohio, on the Causes and Cure of Indigestion, especially in Relation to the Therapeutic Indications to be derived from the Chemical Composition of the Deposites in the Urine.

Dr. C. B. Coventry, of Utica, N. Y., on the Medical Jurisprudence of Insanity, and the Testimony of Skilled Witnesses in Courts of Justice.

Dr. Jos. Leidy, of Philadelphia, Pa., on Human, Animal and Vegetable Parasites.

Dr. M. D. Darnall, of Bainbridge, Ind., on the Value of a Strict Attention to Position in the Treatment of Diseases of the Abdomen.

Dr. George Sutton, of Aurora, Ind., on Milk Sickness.

Dr. Clark J. Pease, of Janesville, Wis., on the Blending and Conversion of the Types of Fever.

Dr. B. S. Woodsworth, of Fort Wayne, Ind., on the Best Substitute for Cinchona and its Preparations in the Treatment of Intermittent Fever and Malarious Neuralgia.

Dr. Franklin Hinkle, of Marietta, Pa., on the Use of Cinchona in Malarious Diseases.

Henry V. Campbell of Augusta, Ga., on the Nervous System in Febrile Diseases.

Dr. John Neill, of Philadelphia, Pa., on the Laws Governing the Deposit of Bone.

Dr. John W. Green, of New York city, on the Intimate Effects of Certain Toxicological Agents in the Animal Tissues and Fluids.

Dr. George Suckley, U. S. A., on the Medical Topography and Fauna of Washington Territory.

Dr. James Cooper, of Hoboken, N. J., on the Flora of Washington and Oregon Territories.

Dr. Chas. E. Isaacs, of N. Y., on the Intimate Structure and the Pathology of the Kidney.

Dr. Israel Moses, of New York City, on the Diseases Incidental to Europeans from Temperate Climates, in their Transition Through Central America.

Dr. T. W. Gordon, of Georgetown, Brown county, O., on the Etiology and Pathology of Epidemic Cholera, to be continued three years, and with power to add any other members.

Dr. H. A. Johnson, of Chicago, on the Excretions as an Index to the Organic Changes going on in the System.

Dr. D. D. Thomson, of Louisville, on the Remedial Effects of Chloroform.

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STANDING COMMITTEES.—*Committee on Publication*,—Drs. Francis G. Smith, of Pa., Chairman; Casper Wister, of Pa., Samuel L. Hollings-



worth, of Pa., Samuel Lewis, of Pa., H. F. Askew, of Del., Wm. Brodie, of Mich., R. C. Foster, of Tenn.

*Committee on Prize Essays*.—Drs. Wm. K. Bowling, of Tenn., Chairman; E. B. Haskins, of Tenn., Thomas Lipscomb, of Tenn., A. H. Buchanan, of Tenn., B. W. Avent, of Tenn., W. A. Cheatham, of Tenn., Paul F. Eve, of Tenn.

*Committee of Arrangements*.—Drs. C. K. Winston, of Tenn., Chairman; Ira Conwell, of Tenn., Wm. D. Haggart, of Tenn., J. L. C. Johnson, of Tenn., F. A. Ramsay, of Tenn., Geo. Grant, of Tenn., J. B. Lindsley, of Tenn.

To fill vacancies in the Committee on Medical Topography and Epidemics:

*New Hampshire*.—Dr. V. P. Fitch, of Amherst.

*California*.—Dr. Robert Murray, of Fort Miller.

To fill vacancies in the Committee upon A Uniform System of Registration of Marriages, Births and Deaths:

*Vermont*.—Dr. Adrian T. Woodward, of Castleton.

*Connecticut*.—Dr. Wm. B. Casey, of Middletown.

*Virginia*.—Dr. R. W. Haxall, of Richmond.

*California*.—Dr. Arthur R. Stout, of San Francisco.

They recommend the continuance of the "Committee to Procure Memorials of the Eminent and Worthy Dead," and that the Report, as far as prepared, be referred to the Committee on Publication.

*STANDING COMMITTEES*.—On *Medical Education*.—Dr. E. Geddings, of S. C., Chairman; C. W. Le Boutillier, of Mina, G. F. Mitchell, of O., S. W. Clanton, of Ala., S. W. Butler, of N. J.

On *Medical Literature*.—Drs. R. Hills, of O., Chairman; D. W. Vandell, of Ky., R. R. Porter, of Del., H. A. Johnson, of Ill., Charles E. Swan, of Maine.

The President stated that Dr. Anderson, of Ala., Chairman of Committee on Medical Education, had sent in his report. It was accepted and referred to the Committee on Publication.

A report from Dr. Worth, of Md., on the Medical Topography and Epidemics of the Eastern Shore of Maryland, was accepted and referred to the Committee on Publication.

A report from Dr. Cain, of S. C., on the Epidemic of Yellow Fever in Charleston, in 1854, was accepted and referred to the Committee on Publication.

A report from Dr. Fenner, of La., on the Medical Topography and Epidemics of Louisiana, was accepted and referred to the Committee on Publication.

Secretary Brodie stated that he had received a letter from Dr. Dillard, U. S. N., appointed on the Committee on Medical Topography and Epidemics, saying that he could not act, in consequence of having received no appointment as delegate to the Association from the Surgeon General.

Dr. Gunn, of Mich., said three communications had been handed

to the Committee of Arrangements by the secretaries, which they (the Committee,) had not time to examine. He asked that a special committee be appointed to report on volunteer communications.

Dr. Palmer, of Ill., offered the following, which was adopted :

*Resolved*, That the volunteer communications in the hands of the Committee of Arrangements be referred, with all other such communications, to a special committee to be appointed by the Chair, residing at the place of publication of the transactions; and if, in their judgment, the papers are worthy, they be referred by them to the Committee on publication, to go into the transactions of the Association.

The President appointed as such committee, Drs. A. Still, S. Jackson, and F. J. B. Biddle.

The authors and titles of the volunteer communications were announced by Secretary Brodie as follows :

By Dr. C. J. Chandler, of Rocheport, Mo., on Sulph. Cinchona in Periodic Diseases.

By Dr. Isidor Gluck, of New York, on Formation of Gun Shot Wounds, &c.

Dr. G. P. Flachenberg, on an Improved Method of Applying Compression to the Scrotum.

A member of the Committee on a Uniform System of Registration of Marriages, Births and Deaths, stated that they were unable to make a report at present, in consequence of the death of their chairman, Dr. Wilson, of Conn.

The Committee on Medical Literature, for 1855, was continued for another year.

Dr. Gross, of Louisville, tendered, in behalf of the medical profession and the citizens of Louisville, an invitation to the Association to meet in that city in May, 1858. Placed on file.

Dr. Dorsey, of Ohio, offered the following resolution, which was adopted.

*Resolved*, by the American Medical Association, that the Committee on the Etiology and Pathology of Cholera be instructed to memorialize the Congress of the United States, requesting that Honorable body to grant every necessary assistance which can or will promote the objects for which the Committee has been appointed.

Secretary Brodie read a communication from the Royal Medical and Chirurgical Society of England, thanking the American Medical Association for their present of the eighth volume of their transactions. Ordered placed on file.

Dr. Wister, of Pennsylvania, offered the following, which was adopted :

*Resolved*, That a committee of three be appointed by the President, to correspond with the proper officer of the Smithsonian Institute,

inquiring into the possibility of procuring a chamber in that institution for the uses of this Association.

The President appointed as such committee, Dra. Wister, of Pa., Hale, of Washington, and J. Neill, of Pa.

Dr. Phelps of N. Y., offered the following, which were adopted:

*Resolved*, That the thanks of this Association are due, and are hereby tendered, to the Fire Department of the city of Detroit, for the gratuitous use of their large and commodious hall, so amply furnishing to us accommodation for the convenient transaction of business.

*Resolved*, That the urbane deportment and elegant hospitalities of the profession and of private individuals, as well as the polite attentions of citizens generally, demand of this Association a high appreciation of the cultivated manners of this city of the West, and which has tended greatly to enhance the pleasure of the session here of the delegates from abroad.

The Association adjourned to this morning at 9 o'clock.

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FOURTH DAY—MORNING SESSION.

The President called the Association to order. The Secretary read the minutes of the preceding session, which were corrected and approved.

Dr. Palmer of Ill. moved that Dr. Richard Coolidge, of D. C., be substituted in place of Dr. Finley, on the Committee to report on Epidemics. Carried.

Dr. Gunn, of Detroit, from Committee on Credentials, reported the names of new members, by invitation.

Dr. Atlee, of Pa. offered the following:

*Resolved*, That all voluntary communications hereafter presented to the Association, shall be referred to a special committee of —, to be appointed by the President, on the first annual meeting, whose duty it shall be to examine such communications, and report upon the propriety of their presentation and reference to the Committee on Publications.

Carried.

Dr. Palmer, of Chicago, moved that the above resolution, together with the suggestions in the report of the Committee on Prize Essays, as to whether any means can be devised to cause an increase of the number of Essays presented, be referred to a special committee, of which Dr. Leidy, of Pa., shall be chairman, to report to the next meeting of the Association. Carried. And G. B. Wood and C. D. Smith, of Phil., were put upon said committee.

J. B. Lindsley, from the committee appointed to prepare a suitable minute, having reference to the death of P. C. Gooch, late Secretary of the Association, begged leave to report the following preamble and resolutions:

WHEREAS, the exhibition of high courage and self-sacrificing devotion to the good of others, is ever honorable to a profession by whose members it is manifested, and worthy of remembrance and emulation:

*Resolved*, That in the death of P. C. Gooch, of Richmond, Va., who nobly volunteered his services during the pestilence at Norfolk, we recognize a loss to this Association, the profession, and the country. His arduous and successful labors as Secretary of the meeting at Charleston and Richmond, merited the regard of this Association; the zeal, ability, and industry manifested by him as the founder and editor of the *Stethoscope*—the first medical periodical established in Va.—showed his devotion to the cause of medical progress and activity, and the manner of his death gave signal evidence that he was one of whom his country might well be proud.

*Resolved*, That a copy of these resolutions be transmitted by the Secretary to the relatives of the late Dr. Gooch. Carried.

Dr. Samuel Denton, of Michigan, offered the following:

*Resolved*, That a committee of three be appointed whose duty it shall be to enlist some enterprising publisher, and aid in collecting and arranging material for an American Medical Directory.

Laid on the table.

Dr. Smith, of N. Y., moved that a special committee be appointed to report at the next meeting of this Association, a classification of those diseases which involve a derangement of the mental manifestations. Carried, and leave given the mover to appoint the committee, he being chairman.

The Secretary read an invitation from Dr. Childs, of Boston, inviting the members of the Association to meet with the Massachusetts Med. Society on the first Wednesday of May. Accepted.

Dr. Atlee, of Pa., moved that a copy of the Association's transactions be sent to the Epidemiological Society of London. Carried.

Dr. Gunn, of Mich., moved that any new Medical Society, not heretofore represented in this Association, be required to transmit to the Secretary, with the credentials of its delegates, the evidence of its existence, capacity, and good standing. Carried.

Dr. McGugan moved that a special committee be appointed to report on the subject of "Stomatitis Materna." Carried.

Dr. Bailey moved that Dr. N. S. Davis be requested to continue his observations on the subject of the changes produced in the composition and qualities of milk by pregnancy and menstruation; also, the best substitute for the mother's milk when weaning becomes necessary before the child is eighteen months old, and report at the next meeting of the Association. Carried.

Dr. Atlee, of Pa., moved that the thanks of the Association be tendered to all railroad companies who had furnished members with passes to this convention. Carried.

Dr. Palmer, of Ill., called for some disposition to be made of

the resolutions appended to his report on the organization of Medical Societies.

On motion of Dr. Atlee, they were referred with the report for publication.

Dr. Palmer, of Ill., moved that the Association tender a vote of thanks to the press of Detroit for the interest and attention given to their sessions in this city. Carried.

Dr. Palmer, of Ill., moved that the committee on Registrations have leave now to present a partial report, which is hereby referred to the committee on publication. Carried.

Dr. Lindsley, of Tenn., offered the following:

WHEREAS, it is the object of this Association, in the award of its prizes for communications upon subjects appertaining to medical science, to encourage the progress of the latter, and as this result can not be better attained than through original investigation and discovery:

*Resolved.* That hereafter an annual prize of \$100 be awarded for the best memoir or essay, founded on original investigation of the author, and in case of no memoir or essay being presented worthy of such award, the prize money to be appropriated towards the expense of publishing and illustrating such memoirs as may be subsequently deemed worthy of an award. Carried.

On motion, the Association then adjourned to meet at Nashville, Tenn., on the first Tuesday of May, 1857.

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#### CORRESPONDENCE.

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Boston, May 12, 1856.

*Editors Medical Observer*—Within a few days, the Medical fraternity of this city have been called together to pay the last tribute of respect to the mortal remains of Dr. John C. Warren, who departed this life on the morning of the 4th inst., at the age of seventy-nine. At the time of his death, Dr. Warren was President of the Society of Natural History in this city, and an active and honorary member of various learned and scientific bodies, not only in this country but in Europe. Of his professional career as a Teacher and Surgeon, I need not speak. As age advanced, he relinquished the more active duties of Surgery, and devoted much of his time to the study of Natural History. His private cabinet contains a large and interesting collection of Historic Specimens.

At a meeting of the Suffolk Medical Society, on the 5th, Dr. James Jackson, who attended Dr. Warren, gave some account of his last illness and death. He said that his death could not be attributed to any disease which has a distinct name. For a long time his health had not been good, but there was no one marked affection. His friends had long observed a falling off of his health. About four years since, he was induced to visit the South, afterwards Europe. From this visit he derived some benefit. Two years ago, his feet became cedematous. He had for some time before manifested some trouble about the heart—such as is common to old men—together with some other symptoms of disease, which were not regarded as at all alarming. In February last, Dr. Jackson saw him on account of a slight ophthalmia, which he attributed to a cold wind. He had long been remarkably sensitive under such exposures. The ophthalmia continued to the time of his death, although greatly diminished. This affection of the eyes seemed to be a small affair, but it led him to keep his room darkened, and avoid out-of-door exercise. From the confinement and accompanying depression, he became dyspeptic. He visited patients occasionally, however, during this time.

On two occasions within a month of his death, he was seized suddenly with vertigo, followed by copious fecal evacuations; but from each of these attacks he recovered within twenty-four hours. His last attack, a week before his death, was of the same nature, but with less vertigo, and more abdominal pain. Dr. Jackson found him on the following morning low and weak, but with no extraordinary symptoms of disease. That day he remained in bed; but the next day he was so much better, that he rode out of town, and walked about upon the damp grounds—an exposure unusual to him. In the evening, he was attacked for the first with chills and rigors, had pains in the head, limbs, and abdomen. On Tuesday morning, his symptoms were aggravated with alternate chills and heat, a high pulse, parched tongue, loss of appetite, great thirst, and tenderness in every part of his body. From that time he grew worse daily. Complained of much soreness of the left side, in the trunk and limbs. The tenderness appeared to be confined entirely to the integuments. His nervous system suffered in various ways.

From this time his mind gradually failed, but he was at no time delirious. From 3 o'clock P. M., on Saturday, he ceased to pay attention to those around him, being, in the common phrase, "struck with death," and remained motionless on his couch, until 2 o'clock A. M. on Sunday, when he ceased to breathe.

Dr. Jackson thought an examination would be very unlikely to show that death was caused by any local affection. He believed that distress of mind, added to the bad state of his health previously, had exhausted his vital powers. The death of his first wife, and subsequently that of his second, and also the sad tidings of the impaired health of his son, Dr. J. Mason Warren, (now in Europe), all contributed to depress his physical powers.

Dr. O. W. Holmes, in offering a series of resolutions, prefaced them with appropriate and eloquent remarks.

Dr. Henry J. Bigelow, who occupies the chair of Surgery in the Boston School formerly filled by Dr. Warren, in seconding the resolutions, also paid an affectionate tribute of respect to the memory of the deceased.

Dr. D. H. Stores and others pronounced appropriate eulogies upon Dr. Warren, before the Society of Natural History. The funeral obsequies were solemnized on Wednesday, the 7th, amid a large concourse of citizens and medical gentlemen.

I learn that the will of Dr. Warren provided for the disposition of his body with reference to medical science. It required that in twenty-four hours after his death his body should be injected with arsenic, and after the funeral ceremonies, it should be taken to the Medical College for an examination by the physicians of the Massachusetts General Hospital, to ascertain regarding certain lesions which he supposed to exist. The body was then to undergo maceration, the bones wired, and the anatomical preparation placed in the Warren Museum, by the side of the bust of the deceased.

Dr. J. B. S. Jackson gave a detailed account of the autopsy of Dr. Warren, at a meeting of the Boston Society for Medical Improvement. The Boston Medical and Surgical Journal gives a short sketch of Dr. Jackson's paper.

"On dissection, there was found an acute inflammation of the left wrist joint, a small deposit of pus near the first rib upon the

right side, and acute pericarditis. At the apex of each lung were the remains of old tubercular disease. In the stomach, and near the pylorus, was a cancerous-looking growth, about the size of the last joint of the thumb, and confined apparently to the mucous membrane. Since the dissection, this growth has been examined microscopically by Dr. Henry J. Bigelow, and the appearances tend to confirm the general impression, as above expressed, of the nature of the disease. The bladder was quite large, and, besides a considerable quantity of urine, contained four very peculiar-looking calculi, of the size of small marbles, which, upon examination by Dr. John Bacon, were found to consist almost wholly of oxalate of lime. The middle lobe of the prostate gland was enlarged, as well as the lateral lobes." The Journal adds, that pus was found about the right wrist joint, from a recent sprain, also under the left clavicle, in the cellular tissue near the rib; a peculiarity of the bladder was observed, consisting of a lateral pouch. As pus was found in various parts of the body, the possibility of purulent infection was suggested, but no inflammation of the veins was observed. B.

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#### EDITORIAL AND MISCELLANY.

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##### VITAL STATISTICS.

*Report of the Commercial Hospital and City Infirmary of Cincinnati, for 1855-'56.*

THE study of this report has been interesting. Every man who feels deeply devoted to his profession is always anxiously exploring every document that can throw any light upon its status. Nothing is more gratifying than to observe, in a general way, the increasing resources of our noble art not only greatly to reduce the old rate per cent. in mortality, but also the time occupied in treatment. The statistics in French hospitals show this in a most encouraging light for the last fifty years: thus in the first decade, (1800 to 1810,) one in seven died; in the last, (1840 to 1850,) one in twelve, a gain of more than 70 per cent. The average



time of treatment has also been diminished from 39 to 24 days, or about one-third.

For some cause which we are unable to explain satisfactorily, the statistics of our City charities are year by year so made as to present a rate of mortality greatly below the reality. What makes this the more unpardonable, the medical reporters boast of the low rate, and claim that it is less than Eastern hospitals. As their attention was called during the past year in the most public manner to this perversion of plain facts, it was hoped that in this year's report the *amende honorable* would have been made. The percentage of mortality is declared by Prof. Armor to be "*extremely small.*" In the same paragraph, he says, "*the more chronic, curable and lighter forms of disease are sent to the City Infirmary.*" We hope this statement will be kept in mind, for his colleague, Prof. Graham, who has charge of the "Infirmary," says of his receipts, "*at least one third of the cases may be said to have been determinedly fatal—terminating not contingently and accidentally or through want of skill or knowledge, but necessarily and inevitably, in death.*" This statement is certainly to the point, and with it before us, it is difficult to understand the assertion of Prof. Armor, that the more chronic, curable and lighter forms of disease are sent to the care of Prof. Graham. Though Prof. Graham had no skill for one-third of his cases, (or we may say medicine had none, for we are not disposed to question his statement,) he triumphed by his remedies over the rest, which were "all dangerous enough." The "lighter forms" which passed by Dr. Armor, it seems, never reached his friend in the country—they must have recovered on the route.

But we must not amuse ourselves with these opposite statements any longer, which are put in by each gentleman as an apology for his dead list, but proceed to the figures of these reports; we must say though that we certainly do admire the terse and determined manner of Prof. Graham more than the "elegant and felicitous manner" in which Prof. Armor as usual, expresses himself. It should also be understood that the Commercial Hospital and City Infirmary receive all the sick of our city except those who are sent to the "Pest House."

Before proceeding with our examination, it is also necessary to

say something on the manner of estimating the rate per cent. of mortality in hospitals. Two methods have been used within the past fifty years. The first consists in adding to the number on hand at the beginning of the year, all who are admitted during the year, and dividing the sum by the number who died. This is the method employed by the Commercial Hospital and City Infirmary, but by no other institution that we are acquainted with. It has been pronounced defective for many years past.

According to the second, the number discharged by cure, death or otherwise, is divided by the number of dead; or, what is the same thing, from the sum made by those on hand at the beginning of the year and those received during the year, the number on hand at the end of the year is subtracted, and the remainder is divided by the number of dead.

We see at once that the difference in these two problems consists in keeping those on hand at the end of the year as an element in the first calculation, while they are rejected in the second, for the very good reason that their state for life or death is not yet fixed. Moreover, according to the first method, those remaining at the end of the year are doubly employed, that is for this year and the next.

As the second method, then, is the only fair one, and is employed by the great hospitals of the world, we shall adopt it in our examination.

The Steward of the Commercial Hospital makes the following report:

Number of inmates, March 1, 1855,	-	-	-	-	63
“ received during the year,	-	-	-	-	1142
					<hr/>
Total,	-	-	-	-	1205.
Discharged,	-	-	-	-	891
Died,	-	-	-	-	184
Remaining, March 1, 1856,	-	-	-	-	130
					<hr/>
					1205.

The rate of mortality, according to the true formula, is one in five  $\frac{1}{5}$ —or more than 1 in 6 died. The rate per cent., 17  $\frac{1}{3}$ .

Prof. Armor, in his report, declares the rate of mortality to be "*remarkably small*," and especially as the more curable cases were sent to Prof. Graham.

Prof. Armor proves his small mortality as follows:

"Whole number admitted,	-	-	-	-	-	1212.
[This includes those on hand at the beginning of the year.]						
Discharged,	-	-	-	-	-	920
Died,	-	-	-	-	-	171
Remaining,	-	-	-	-	-	121
						1212.

Number in *articulo mortis*, 41.

Per cent. after deducting *articulo mortis* cases, about  $10\frac{1}{4}\%$ !"

This is what he means by his very small per cent. of loss, and it would be small enough if honestly made up. How has he got it? First, by counting those remaining at the end of the year, as if they were certain to get well; secondly, by subtracting from his dead list *forty-one* who are said to have been in *articulo mortis* when admitted—(a course which no other hospital on earth adopts;) thirdly, by keeping those men who are called in *articulo mortis* in his gross receipts, while he rejects them from his dead list; in other words, they are living men but not dead men. His per cent., ( $10\frac{1}{4}\%$ ) is obtained as follows:

Whole number admitted, - - - - - 1212.  
Died, 171—41 in a dying state, = 130.  $1212 \div 130 = 9.32$ , or one in 9.32, which gives a rate per cent. 10.72. This is unfair for reasons already set forth.

The actual mortality in the Commercial Hospital, for the past year, is one in 5.84, which gives a rate per cent.  $17\frac{1}{16}\%$  instead of  $10\frac{1}{4}\%$ .

It will be perceived thus that there is a slight discrepancy between the Steward and the Professor; we assume the former to be correct, because he is the authorized Registrar of the House.

Prof. Graham adopts Prof. Armor's method, and reports a loss of 10 per cent.: it is actually  $11\frac{3}{4}\%$  per cent., or one in  $8\frac{1}{4}$ .

By uniting Graham and Armor's statements, we find that, for both houses, the loss is 1 in  $6\frac{1}{6}$ , or  $15\frac{5}{6}\%$  per cent! This is certainly a very high rate, and calls loudly for explanation. Prof. Graham,

in a learned and conclusive manner, shows that his wards are badly ventilated, and his high rate per cent. is due to it; but the Commercial Hospital, under the charge of Prof. Armor, was, last summer, officially reported to the United States Government, by the trustees and faculty of the Medical College of Ohio, and other eminent gentlemen, to be in a well ventilated and salubrious condition.

The New York Hospital, in its report for 1855, shows a mortality of 1 in  $9\frac{1}{10}$ ; or  $10\frac{2}{10}$  per cent.; this includes all cases in *articulo mortis*, which amounted to 123.—(A coroner's inquest was held on that number.) If these were subtracted, as is done by Prof. Armor, the deaths were one in 15.17, or  $6\frac{1}{10}$  per cent..

The Parisian Hospitals, for a year, report as follows:

On hand Jan. 1st, and admitted during the year,	-	88,949
Deduct remaining Dec. 31,	- - - - -	5,340
		<hr/>
		83,609
Died,	- - - - -	6,855,

or 1 in  $12\frac{1}{2}$ , or  $8\frac{1}{2}$  per cent. They make no exception for cases in *articulo mortis*.

A comparison of the above institutions shows, as follows:

Mortality Commercial Hospital,	- - -	$17\frac{1}{10}$	per cent.
" City Infirmary,	- - -	$11\frac{2}{3}$	"
" Both united,	- - -	$15\frac{6}{10}$	"
" New York,	- - -	$10\frac{2}{10}$	"
" Paris,	- - -	$8\frac{1}{5}$	"

This comparison would have been extended if other reports were in our possession. \*

#### AMERICAN MEDICAL ASSOCIATION.

WE present our readers, in the present number of the *Observer*, with a full and accurate report of the proceedings of this body, at its recent session at Detroit. The meeting was large, and one of great interest and harmony. Western societies were well represented, and yet we know of several that are very flourishing which furnished no delegates.

A large number of interesting reports were made, which will, we presume, form a more voluminous production than any which

have preceded it. The valedictory of Prof. Wood, of Phila., the retiring President, is a document which ought to have a much larger circulation than it is destined to have in the transactions. For the purpose of partially accomplishing this, one thousand extra copies were ordered to be printed by the Association, for distribution. No man can read it without loving his profession better, and feeling that this Association has done and is doing much good for its elevation.

We had an opportunity of meeting a large number of the most distinguished of the brotherhood, and all seemed to feel that they were amply repaid for the sacrifices they had made in journeying thither. For an outline of what was done, we refer to the proceedings.

To our brethren in Detroit the members are placed under lasting obligations. Every thing was accomplished that could be to make their stay agreeable. Besides the assiduous attention of the members of the profession, the citizens generally seemed to take a great interest in the comfort and pleasure of the delegates in attendance. Many of their houses were opened, and sumptuous entertainments provided, where music, dancing and other social machinery was put into full operation, enlivened by the society of some of their most beautiful and accomplished ladies. On *Tuesday* evening the members were invited to the houses of Dr. Morse Stewart, Dr. H. P. Cobb, Mr. Albert Crane and Edmund A. Brush, Esq.

On *Wednesday* afternoon, a first class steamboat, the "Western World," was put into requisition for their guests, and proceeded to Lake St. Clair, with several hundred ladies and gentlemen on board. Returning, she passed the handsome city of Detroit, and proceeded down to the broad expanse of Lake Erie, and returned to the city about 9 o'clock in the evening. The trip was enlivened by sociability, music, dancing, and a supper.

On *Thursday* evening, the houses of Dr. Z. Pitcher, Hon. Chas. Howard, and the Hon. H. Ledyard, (Gen. Cass's residence,) were open for the reception of company, where every thing passed off in fine style and with the best of feeling. Take it all in all, it was an occasion long to be remembered with pleasure and profit.

The next meeting will be held in Nashville, Tennessee. °

## CLERGYMEN AND PHYSICIANS.

IN the present number of the *Observer*, we give the rejoinder of Dr. Plummer to the articles of Drs. Parvin, Schenck and Sherman. We may here remark, that while we admit articles freely in the discussion of any subject connected with our profession, when properly written, we do not hold ourselves responsible for the positions contained in them; they simply stand as the expressions of the authors, and on their own merits. Our friend Plummer is a member of the respected Society of Friends, which, as is well known, holds views different from most other Christian denominations of the present day on the subject of a paid ministry. Our own opinion is, that the interests of all concerned would be promoted by clergymen paying their physician when able to do so. In short, in this respect, to be placed *as a rule*, on the same ground as the world generally. The interests of the clergy would be promoted, because they would be placed in a more independent position; they could employ whom they please, just as other men do, without a feeling of dependence or obligation. They could discharge a physician or retain him, as interest might require. They could demand his services at such time and in such manner as they might think proper, without feeling that they were asking a favor. They would be relieved of many embarrassments under which they now labor, and feel independent of all, except so far as the common courtesies of life attach us to each other. Clergymen are also often placed in very embarrassing positions in reference to the physicians of their own congregation; they often feel that they must employ some one who attends their church, when they decidedly prefer another. This ought not to be; their choice should not be trammelled by obligations of any kind, pecuniary or social.

In reply to this position it will be said, that in most cases it will produce embarrassment to pay their bills for medical services. If this is so, then their remuneration should be increased. So long as the present system exists of paying ministers, (and, notwithstanding the disapprobation of friend Plummer, it will not soon be changed,) they should be *well paid*. Every minister should be placed in as easy a pecuniary position as the average of his hearers; he should have such a salary promptly paid as will

keep him free from embarrassment from all necessary bills for the comfort of his family. What can be thought of a congregation who fail to do their duty, in this respect, toward one who stands in the relation to them of a "spiritual adviser and expounder?" Is not the obligation doubly strong for the members of a church to provide for, and contribute, and pay liberally their pastor, whose services and time they have engaged? A system of parsimony toward a man holding the relation a minister does to the members of a congregation, is of the most pitiable kind. The withholding of money to meet his necessary demands, does not indicate that love for a pastor which is professed; if given at all, it should be given freely and liberally, not grudgingly and sparingly. The relation implies a nearness of attachment inconsistent with sordidness.

Is it not more proper for the physician's bill to be divided among the congregation than that one should bear the whole burden? We will guarantee that the physician who is a member, and agrees to pay his church rates, will do it as promptly as his means will allow, and if, perchance, it should be in professional services, it will still be his contribution. As a class, physicians are always ready to respond to calls made upon them from the sick, and take the risks of being remunerated. Their readiness to do this has made them hacks for every body to ride—with very little ceremony, and less thanks. The interests of the physician would be promoted in this arrangement, by being remunerated for his services, while the burden, or rather pleasure of supporting the minister would be equally divided. With this view, then, it seems to us that the benefits would be mutual; the clergy would be placed in a position of independence, while the physician would not be called upon to contribute more than his share in supporting the present machinery of society. We have no doubt but that some physicians are quite willing to render gratuitous services to the clergy, and feel themselves remunerated by the influence and prominence such position may give them. This relation is wrong, because no clergyman has a right to barter his good will for medical services, while no physician, with a proper estimate of his personal and professional dignity will consent to *pay* for influence of that kind. It is to be hoped that but few will be found sordid enough to render such services for this reason.

THE  
CINCINNATI MEDICAL OBSERVER.

JULY, 1856.

Vol. 7.

ORIGINAL COMMUNICATIONS.

*A Description of Karpman's Wagon, the Best for the Poor  
and Small Practice, &c.* By JOHN T. FORDHAM, M. D., of  
Cincinnati, Indiana.

Since March, 1855, commencing the season, there has been the  
most hot month, the first was the first having been used, and  
present month, opening with a hard day, followed by a  
day which gave a good plenty of rain, everything about  
the city was very much dried from moisture. The wind,  
which, up to the 15th, the thermometer through the day  
at from 15 to 45 degrees; and some of the days were  
clear. On the 15th, there was another severe day of  
rain, and on the 16th, the weather was very clear.



The following is a copy of the original text, as it appears in the manuscript. It is a letter from the author to the printer, and is written in a very elegant and flowing hand. The text is as follows:

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VOL. I.]

JULY, 1856.

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ORIGINAL COMMUNICATIONS.

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**ART. I.**—*Diseases of Richmond, Wayne Co., Ind., for the Third and Fourth Months, 1856.* By JOHN T. PLUMMER, M. D., of Richmond, Indiana.

**THIRD MONTH.** Notwithstanding the several thaws towards the close of last month, the snow was far from having disappeared; and the present month, opening with a quiet but abundant fall of snow, has again given a more wintry aspect to everything around.

The 4th was very windy: wind from southwest. 6th. Wind, northwest. Up to the 9th, the thermometer through the day varied from 12 to 40 degrees; and some of the days were clear and pleasant. On the 9th, there was another copious fall of snow; and on the 10th, the mercury stood at 8° below zero, with a *south* wind! Particular observation was made of this fact by means of the vane, the direction of the smoke in the most favorable situation, etc. 11th. Wind still south; mercury at 12°, and a fall of snow. 12th. Thermometer, this morning, at 6° below zero! Particles of ice glistening in the air; and producing, at a distance, a misty appearance of the atmosphere. After the solution of the frozen vapor by the rising sun, the sky was cloudless. 13th. Wind from the *north*, and mercury at 20° in the morning. 14th. Wind east; mercury at 13°, early A. M.

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15th. For the last few days the ground has been frozen in the mornings and evenings, but sloppy at mid-day. Up to this time, there has been but little increase of sickness. Some cases of infantile pneumonia; bronchial affections in adults; a few instances of neuralgic and rheumatic attacks, and of croup; would perhaps complete the catalogue of diseases dependent on the weather. The cases have all yielded (I speak of my own practice now), to the usual treatment.

There has been one feature in the dyscrasies of the season more particularly manifested in this month, which is worthy of notice; and that is, a *hemorrhagic* disposition. Thus, in the course of two or three weeks, beside cases of nasal hemorrhage—

One (a girl), asks advice on account of blood which has been passing from her bladder for several days, with no other symptoms but pain. She has never before been affected that way.

Another (also a female), during advanced gestation, reports her case as one of abdominal hemorrhage, of a week's standing. She complains of nothing else; and has never been subject to bleeding.

A third (again a female—a colored woman), wishes to know where the blood comes from which she spits up frequently through the day. She, too, has no other complaint to make.

Others, of both sexes, wonder why their gums bleed so easily.

(One of our physicians informs me, that similar cases have occurred in his practice.)

All these cases were treated successfully by tinct. catechu, a remedy, by the way, which I often use efficiently in mild cases of uterine hemorrhage.

Last month, I alluded to a case of *eczema capitis* cured by a liniment or ointment composed of red oxide of mercury, Venice turpentine, (of the shops), and lard. Another case of the kind occurring this month, was as promptly healed by the same preparation: 20 grs. of the red oxide being triturated with an ounce of lard, and a fluid drachm of the turpentine. The child was six months old, and had suffered from the eruption half its brief life, despite all the remedies the parents had tried. The use of the unguent in this case was preceded by a mercurial cathartic; and care taken afterward to preserve the bowels in a soluble condi-

tion, (during the application of the ointment), by castor oil. Here, then, are two cases very readily cured in this manner, notwithstanding the statement of Dr. Bennett, of the Royal Infirmary of Edinburgh, that "all *greasy* applications whatever, in a majority of cases, [of eczema], are *useless*." Bielt, Wilson, and other dermatologists have been in the habit of using, among other means, various *ointments*; but Dr. Bennett prefers a lotion made of:

Carbonate of Soda 3ss.

Water, Oj. Mix, and dissolve.

He applies it by means of lint or linen moistened with it, and covered with some impermeable cloth to prevent evaporation.

Snow remained on the ground in the woods to the depth of nearly a foot, till the latter half of the month. The 17th brought a north wind, and a temperature of 18°. After this, the weather was more moderate till the 23d, when a thin coating of snow fell; and to the 28th the air was keen and blustering. Not less keen on the next two days; and the month closed with a clear atmosphere, and a morning temperature of 16°.

Thus have the winter months of 1855-6 passed by; and left us another opportunity of judging of the "baneful effects of extreme cold" upon the animal system. Universal testimony from all quarters appears to place the recent winter among the most severe and most protracted upon record; some localities presenting no similar instance of prolonged cold, for the past twenty, forty, and even sixty years. In a former report, (page 5 of the *Observer*), I briefly alluded to the increased mortality, especially among the aged, which took place in England in the winter of 1854-5; and corroborated the statement by a notice of a similar increased degree of deaths among those advanced in life in this vicinity. This augmented mortality was attributed to the extreme protracted cold.

But the recent winter, though superior in severity, has not been attended by the same results. Fruit trees and shrubbery which escaped uninjured in the former winter, have extensively suffered from the recent cold; and fowls, domestic and wild, have perished in great numbers, compared with their mortality in former seasons. But the ranks of our polygenarians, (if I may

coin a word to represent the ages of 60 to 100), remain almost intact by the frosts of 1855-6. Whether this immunity, not only of the aged but of those of every period of life, is due to the greater uniformity of cold, and the comparative absence of strong winds, and almost total absence of rain during the whole winter, is a question worthy of consideration. It is certain that our polygenarians did not escape disease and death by immuring themselves with extra care from the intense cold, for I often saw many of them abroad, exposed to the greatest inclemencies of the winter.

Indeed, it appeared to me, that, whether it be attributable to some chemical constitution of the air, or other cause, there was less suffering from the cold than one would have anticipated. I have heard of no instance of frozen extremities; and much of the extra clothing of winter was not worn. I do not suppose I put on my cloak or overcoat six times during the winter, though abroad every day.

Some ozonoscope paper, prepared two and a half years ago, was several times exposed to the direct rays of the sun, in this month. The paper was not moistened. In the course of one or two hours, the iodine was freely liberated; but this was not very evident until the paper was wet, when its action upon the starch immediately became manifest. According to Polli's experiments, our winter air ought to have been highly charged with ozone, (allotropic oxygen); for he observed the ozonic action to be very powerful when snow fell; also during fine weather and the prevalence of north winds. Heavy showers, he found, washed out the ozone from the atmosphere; the ozonometric paper, which before the rain became colored in a few hours, remaining white for days when exposed to the air after the shower.

Now, the abundance of snow-falls for the last three months covering the ground from five to fifteen inches deep during all that time, (and indeed there is enough of it yet left in shaded places to show itself for some time in next (4th) month)! no rain worthy of note for the same long period; and the frequent, but not perhaps prevalent, north winds—all, fill up the conditions of Polli for an abundance of ozone. I have already stated the indications of the ozonometer for part of the time. But contrary to

Polli, Heidenreich, and others' allegation that strong ozonic action, and catarrhs, "pulmonary phlegmasia," and like affections co-exist, we have thus far had, as already reported, comparatively little bronchial, nasal, or pulmonary irritation. And this observation coincides with the conclusion of Dr. Faber, who was led to doubt, from a year's comparison, in 1848, whether there was any necessary connection between ozone and catarrhal disorders.

FOURTH MONTH. The month opened with a clear and mild day. A little greenness of the grass could be perceived. On the 2d, lightning, thunder, and rain occurred: the first of note during the whole winter thus far. Wind S. E. The 3d was cloudy; the ozonoscope active; dew point 40°; temperature 42° P. M.; wind S. W. The 4th, 5th, and 6th moderate; but ground frozen in the mornings; wind S. and S. W., sometimes veering to the N.; ozonoscope active.

Very little sickness besides some "colds," and cases of intermittent fever, exclusively in persons who were attacked with it last fall. As these notes are not intended to be rigidly confined to the simple enumeration of diseases—but the term "Diseases" at the head of these articles is designed to be a sort of omnibus title, for everything that will pay to let it in—I shall here state, in connection with intermittents, that in order to preserve a solution of quinine from moulding, I added a definite proportion of Fowler's solution of arsenic to it; but in a week or two, the mold began to appear as usual. In the next experiment, however, I was completely successful; the formula was:

Quin. sulph.	480 grs.
Aquæ distill.	480 drs.
<i>Sol. Ferri persulphat.</i>	32 drs. (fluid).

The recipe for this preparation of iron is given in a former report. The excess of acid in this chalybeate solution renders it unnecessary to add sulphuric acid to the solution of quinine, which, with this chalybeate addition, is a perfectly transparent, amber-colored liquid. I have kept a portion of it entirely free from moldiness now for more than five weeks in a warm room; and it has every appearance of being permanently exempt from that defect.

The month continued pleasant throughout; there were some windy days, but no rain of moment fell till the night of the 27th,

when there was scarcely enough to moisten the ground. The ozonoscope was tried on the 24th, 26th, and 28th; at each trial the iodine was evolved distinctly in half an hour; yet no sickness of any kind prevailed. A very few cases of pneumonia and several cases of renewed ague, constituted the principal affections of the month. As some European writer (Polli, I believe), had asserted that the first rain-drops, after pleasant weather, contained an abundance of ozone, I concluded the rain of the 27th, would furnish an excellent opportunity of testing the question; for as the same author stated that heavy showers washed out all the ozone from the atmosphere, so in the present instance, the long dry season must have allowed the ozone to accumulate, and the first rain-drops ought to be, according to this view, highly charged with it; and the ozonoscope appeared to bear me out in this supposition. I therefore exposed a strip of ozometric paper on a plate of well-cleaned glass, to the earliest drops of the rain. The paper had been prepared more than two years and a half, and had become slightly brown from the partial action of the iodine on the starch.

After the paper had become thoroughly wet by the rain, what was my surprise, when, instead of finding it more deeply colored, if not perfectly blue, I found it divested of all color—*entirely bleached*. Here, then, instead of an agent which favored the combination of the iodine and starch, there appeared to be an agent which decomposed even the combination that had taken place. Happily, I remembered the teachings of Liebig, that ammonia always existed in the atmosphere, and that after protracted drouths it was especially abundant, and was brought down in great quantities by the first shower that succeeded. Improving this recollection, I moistened another strip of the old ozometric paper with distilled water, and applied a drop or two of aqua ammonia to it. I was immediately gratified in seeing the paper quickly whitened. I prosecuted the inquiry still further. A rich blue iodide of starch was prepared, and ammonia water added to it; the color was speedily discharged. I added ammonia to amidine, (gelatinous starch), and then dropped in some tincture of iodine: none of the usual reactions of iodine and starch followed. Potash has a similar effect.

I do not know that these observations have been previously made: the results are curious and deserve further attention.

In order to verify these conclusions, I added a small quantity of pure sulphuric acid to some of the late rain water, and evaporated the liquid in a Berlin basin to dryness: on then adding caustic potash water to the residue, unmistakable vapor of ammonia was evolved; thus proving the presence of ammonia in the rain water, and confirming my explanation of the removal of the discoloration of the ozometric paper.

29th. Cherry and apple trees just blooming. All the peach trees appear to be dead; and whole nurseries of this fruit tree were destroyed by the intense cold of last winter. I notice also the honey-suckles, (even the most hardy), the altheas, and some other shrubs are killed to the ground in many instances. Quince trees also have perished.

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#### MEDICAL SOCIETIES.

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##### ART. II.—*Eleventh Annual Meeting of the Ohio State Medical Society.*

COLUMBUS, O., Tuesday, June 4, 1856.

THE Society met in the Odeon Hall, Tuesday morning, June 4th, at 10 o'clock. Dr. Gaston was called to the chair, the President and Vice-President being absent; and Dr. S. B. Davis appointed secretary, *pro tem.*

Drs. Dawson, Gordon, Rogers, S. M. Smith, and McNally, were appointed the Committee on Admissions.

Dr. John Dawson, from the Committee on Arrangements, welcomed the Society, in a brief but appropriate address.

On motion, the Chair appointed Drs. Baker, J. B. Thompson, Kinkaid, Gordon, and M. B. Wright, a committee to nominate permanent officers for the ensuing year.

Dr. Dawson moved, that all persons having papers, intended to be read, shall present the titles of the same to the secretary as soon as convenient.



On motion of Dr. R. H. Tipton, the reporters of the city papers were admitted to a seat on the platform.

The Committee on Nominations made the following report :

For President—Dr. Peter Allen, of Trumbull county: Vice-Presidents—1st, Dr. R. G. McLean, of Lockbourne; 2nd, Dr. J. G. Rogers, of New Richmond; 3d, Dr. Charles Cochran, of Sandusky; 4th, Dr. John Davis, of Dayton: Secretaries—Drs. W. W. Dawson of Cincinnati, and S. B. Davis of Shadeville: Treasurer—Dr. J. R. Patterson, of Columbus.

On motion, the Society took a recess until 2 o'clock, P. M.

*Afternoon Session.*—On motion of Dr. J. B. Thompson, the report of the Committee on Nominations was taken up, and the Society proceeded to ballot for officers for the ensuing year, the balloting resulting in the selection of the gentlemen proposed by the committee.

Dr. Baker, from the Committee on Nominations, further reported the following names as Standing Committee on Admissions—Drs. Coons, of Dayton; Hamilton, of Columbus; Webb, of Cincinnati; Henderson, of Mansfield, and Fisher, of Reynoldsburgh: and Dr. J. W. Maris, of Columbus, as Librarian. The report was accepted, and, on ballot, the persons therein named were elected.

Dr. Allen, President elect, was conducted to the chair, by Drs. Baker and Kinkaid, and on taking the chair, made a few appropriate remarks.

Dr. Gordon, from the Committee on Medical Societies, made a partial report; and, on motion of Dr. Smith, the committee was continued, and directed to report at the next meeting of the Society.

The Committee on Ethics, asked and obtained further time to report.

Dr. M. B. Wright, asked and obtained leave to offer the following preamble and resolutions:

WHEREAS, Medical Science has been sustained by the united investigations of its votaries; and whereas a spirit of confidence and liberality is necessary for the establishment and promulgation of truth, therefore:

*Resolved*, That all questions, in which the members of this Society, and the profession at large, have a common interest,

should be considered and determined in open society; and that it is highly reprehensible for a portion of this Society to assemble privately, with a view to control questions, or arrange plans by which they may be forcibly settled, to the exclusion of the other portion who may be in attendance.

*Resolved*, That the position of an Editor of a Medical Journal does not justify him in assuming a dictatorial control over the minds and consciences of men—that he does not possess any inherent or delegated right to depart from the long-settled characteristics of a gentleman—and that personal abuse, coming from him, merits no less condemnation than when uttered by the most unpretending of the profession.

These resolutions led to a protracted and unprofitable debate, during which charges of unprofessional conduct, on the part of Dr. T. Wood, were preferred by Dr. Wright. Pending Dr. Wright's remarks the Society took a recess until 8 o'clock, Wednesday.

WEDNESDAY, 8 o'clock, A. M.

Dr. Allen in the chair.

Dr. M. B. Wright having the floor, addressed the Society at length, on the resolutions offered by him yesterday. Remarks were also made by Drs. Murphy, Mussey, and others; and finally the whole subject was indefinitely postponed.

Dr. W. H. Mussey offered a report, supplementary to a report made last year, on a plan for the improvement of the profession in the State. This led to a lengthy discussion, in which a large number of the profession took part.

An invitation was received from the Erie County Medical Society to this body, to hold their next session in the city of Sandusky, which, on motion, was accepted.

Invitations were received to visit the Penitentiary, Blind Asylum, Lunatic Asylum, and Deaf and Dumb Asylum.

Dr. Dawson, on behalf of the profession of the city of Columbus, invited the members of the Ohio State Medical Society to a banquet, to be given at the Neil House, this evening at 9 o'clock.

Society took a recess till 2 o'clock, P. M.

*Afternoon Session*.—Dr. McLean in the chair.

Dr. McNally offered an amendment to the report of Dr. Mussey "For the improvement of the profession,"—"That an equal number of the Board of Examiners, in conjunction with the

Faculty, decide upon the qualification of applicants for diplomas." This amendment, after remarks by Drs. Mussey, Kinkaid, Trevitt, Hamilton, Dawson, and Henderson, was lost. The question being taken on the adoption of the report, it was also lost.

Dr. S. M. Smith, from Special Committee on Practice, reported progress and asked leave to be continued.

Committee to collate by-laws, reported progress and was continued.

The following resolution, postponed from last session, was taken up, viz:

*Resolved*, That physicians, interested, either directly or indirectly, in the drug business, where empiric medicines are sold, forfeit the respect of the profession, and their claims to membership in the Society.

Resolution indefinitely postponed.

Dr. Robinson offered a resolution, to memorialize the legislature for a law to allow compensation to physicians for post mortem examinations.

Dr. W. H. Mussey offered a resolution to amend the Constitution to change the time of meeting to first of January. Laid over, under the rule.

Dr. Mussey offered a resolution, that the Society hold a special meeting, on the third Tuesday of next January, in Columbus.

On motion of Dr. Trevitt—*Resolved*, That a committee of one member from the Faculty of each regular medical school in the State, be appointed by the Chair, to report to the next session of this Society on the Standard of Education preparatory to the admission of students to the Study of Medicine.

Dr. Trevitt offered a resolution, for a committee to report on the Mineral Waters of this State.

Dr. Green offered a resolution, memorializing the legislature for the passage of a law, compelling all makers and venders of quack or patent medicines, to publish, in the English language, the name and quantity of the ingredients of such medicines.

On motion, Dr. Green was made chairman of a committee to memorialize the legislature on this subject.

Dr. S. G. Mitchell read an interesting paper, on the cure of popliteal aneurism by compression.

Dr. Green moved, that a committee of five be appointed to investigate the charge of Dr. Wright against Dr. Wood (who courts investigation), and report at the next meeting.

Society took recess until 8 o'clock, Thursday morning.

THURSDAY, 8 o'clock, A. M.

Dr. McLean in the chair.

Dr. Coons read a report on substitutes for quinine in the treatment of intermittent disease; and the subject was discussed at great length, by Drs. Coons, Gordon, Kinkaid, Smith, Tipton, Trevitt, and others. Dr. Coons' report referred to the Committee on Publication.

A communication was read from superintendents of several rail-road lines, allowing delegates to return home free. A vote of thanks was returned to the companies for the courtesy.

Drs. M. Green, Trevitt, Kinkaid, Potter, and Gordon, appointed to investigate the charges made by Dr. Wright, against Dr. Wood.

Drs. Trevitt, W. W. Dawson, Wormley, Holstein, and J. N. Green, Committee on Mineral Waters of this State.

Recess till 2, P. M.

*Afternoon Session.*—Dr. Baker read a report on ethics.

Dr. Holstein read a paper on pumpkin seed as a nucleus for vesical calculus in the male, and exhibited the specimen.

Drs. Kennedy, Cheney, and Lynch, were appointed a committee to report on the use of chloroform in obstetrics.

A resolution, offered by Dr. Dawson, for paying Tizzard and Albright, for printing Transactions for 1855, was adopted.

Drs. Gunarey, Holstein, and Mussey, appointed to report on relations of microscope to pathology.

A resolution adopted, approving the appointment of a Committee on Cholera, by the American Medical Association, and requesting our delegation in Congress to urge the passage of a bill to facilitate the investigations of that committee.

Dr. Firor offered his resignation as a member of the Society; laid over till January meeting.

Professor Hamilton appointed to report on the medico-legal relations of fractures.

On motion, made the duty of the Librarian to forward the Transactions to those who pay up their dues.

On motion, the Librarian to collect and take charge of back volumes of the Transactions.

A vote of thanks to the regular profession of Columbus for the cordial reception this Society has received during its session.

Dr. Robert Thompson appointed to report on the proper treatment of fractures of the upper and lower extremities.

Drs. Gordon, Kinkaid, and McLean, appointed to visit next session of Kentucky State Medical Society.

Drs. Fisher, Baker, and Risinger to visit next session of Indiana State Medical Society.

A preamble and resolution adopted, urging the early publication of the Transactions of the Society.

Dr. Hamilton gave notice of an amendment to the by-laws—That all reports and papers not complete at the time of adjournment, be not entertained by the Publication Committee.

Dr Harper appointed to report on the epidemics of the north-western part of the State.

A vote of thanks to the officers for the faithful manner in which they have performed their duties.

Drs. Hamilton, Smith, and Trevitt, appointed a Committee of Arrangements for the January session of this Society.

Adjourned, after prayer by Dr. S. M. Smith.

The following gentlemen were elected to membership during the sessions of the Society : Drs. E. C. Sharpe, Williamsburgh ; H. L. Cheney, Groveport ; D. Tilden, Sandusky ; J. D. Robinson, Wooster ; Thomas J. Haynes and T. Kennedy, Nicholasville ; J. G. Gabriel, Allens ; T. W. McArthur, Wilmington ; L. J. Guerion, Hope ; S. H. Farrington and J. C. Hubbard, Ashton ; J. G. Kyle, Xenia ; J. N. Robinson, Lockbourne ; B. S. Brown, Bellefontaine ; H. S. Pawester, Erie ; R. Gundry, R. M. Barr, and T. S. Case, Columbus ; W. H. Harper, Lima ; E. Sinnett, Granville ; E. Williams, Cincinnati ; D. F. Forks, Toledo ; S. D. Turney and J. H. Olds, Circleville ; J. W. White, Stockport ; G. W. Henderson, Marysville ; Jos. Bullen, Grove City ; and Dr. E. L. Hills, of Massachusetts, was elected an honorary member of the Society.

ART. III.—*Monthly Meeting of the Miami Medical Society, March 4th, 1856.* BY W. P. ELSTON, M. D., Sec'y.

Society met pursuant to adjournment, the President in the Chair.

Dr. E. H. Ferris read a paper, on The Mind, as it affects, or is affected by the condition of the Physical System.

What the mind is he would not attempt to define. Its qualities and the laws of its manifestations we can, to some degree, comprehend, and it is these, as they affect, or are affected by the condition of the physical system, that form the subject of the Essay.

There are two sources from which the mind gains ideas or knowledge, the one the external world, from which, by means of the organs of sensation, that knowledge concerned in the intellectual operations of the mind is derived; the other source exists within the mind itself, from which source originates the emotional or moral mental operations.

From the ideas thus derived from either or both of these sources, the mind possesses the power to elaborate new ideas, and combining these new ideas to form others, and again to abstract from these new creations certain parts, and to recombine them into other new structures, and so on *ad infinitum*.

How does the mind gain a knowledge of things external? The external object, to a certain degree, comes in contact with the extremities of a nerve of sensation; a sensation is conveyed by that nerve to the substance of the brain, and immediately the mental sensation or idea is experienced. Separate that nerve at any point between the place where the contact is made and the cineritious substance of the brain, and no mental sensation is produced by the contact. Hence it is plain that the substance of the brain must be in some manner affected, in order that the mental sensation be experienced.

But in what manner is the brain affected in these mental sensations? We suggest that the extremities of the nerves are agitated by the contact; that that agitation is conveyed along the nerve and communicated to the substance of the brain, and that

the mental sensation is simultaneous with, and, in intensity, in proportion to this agitation, or vibration, of the substance of the brain.

When the mental emotion originates within the mind, we suppose a like agitation of the substance of the brain to be necessary for their evolution and manifestation. But in this case the agitation of the brain is effected by an effort of that department or quality of the mind which we designate as the will. That the brain is concerned, *in some way*, in the evolution of this class of mental operations, we know from the fact, that whenever any part of the physical system becomes so much deranged as to directly or indirectly affect the brain, *all classes* of mental operations are more or less imperfectly performed.

Differences in the intellectual powers of different individuals may be referred partly to the different degrees of correctness in which the organs of sensation convey to the mind a knowledge of things external, partly to the different capabilities which different individuals possess of controlling the brain through the will, which latter difference depends much on education.

By far the greater portion of mental operations are directed to, regulated or suggested by the external circumstances, which surround us, a knowledge of which circumstances the mind gains only through the organs of sensation. Consequently the correctness of the mental operations must depend, in a great degree, on the condition of these organs, or on their capacity to correctly convey that knowledge. If any one of these organs fail to perform its appropriate function, the mind is defective in proportion to that failure. The mind of the man, blind from birth, can never gain an idea of color, can never comprehend the definition of a landscape, and is incapable of reasoning on any subject pertaining to the science of optics. In this respect his intellectual power is defective.

As the reasoning of the mind must be defective when any organ of sensation fails to convey information, so when the organ of sensation acts abnormally, conveying this information ambiguously or falsely, the intellectual operation, taking this information for its data, must, of necessity, be wrong. Again, our **thoughts and mental operations** are held in check, and regulated

by external circumstances, and, it is only by noticing the relation of our mental operations to things external, that we can decide whether they originate within the mind, or have an external origin. Let the organs of sensation become so deranged, that this can not be done, and all mental control is gone. The mesmerized patient we regard as in a somnambulant state, the organs of sensation being closed or inactive. The operator, by arousing one or more of the organs, gains, through that means, access to the mind of the patient, and being the only means of communication, or rather having control of the only channel of communication between the mind of the patient and the external world, is easily enabled to produce results so astonishing to the popular mind.

The manner in which many cases of temporary insanity may, and probably do, result from derangements or imperfections of the organs of sensation, was described, in extenso, such as the delirium of fever, apparitions, mania à potu, &c.

The essay was lengthy, and so written, that we find it difficult to make such an abstract as will present the views set forth, without trespassing too much on your columns.

Dr. L. W. Bishop then read a report of a case of Palpitation of the Heart, with Cardialgia. He was called to see Mrs. R. H—, (the 1st of January,) aged 44 years, healthy constitution, rather plethoric, was the mother of nine children, with the catamenia regular up to this time.

She had felt an unusual fulness in the head and chest for some time, with a tendency to constipation of the bowels.

About one o'clock at night she awoke with a sense of suffocation and her heart felt as if it would burst through the walls of her chest, the respiration was hurried and difficult; vertiginous sensations occurred, with *tinnitus aurium* and nausea, with a disposition to faint on being moved, pulse full and forcible.

Treatment—Took ten or twelve ounces of blood from the arm, ordered sinapisms to the extremities and over the precordial region, and gave camphor, opium, and assafoetida combined, until the paroxysm had passed off, when a brisk cathartic of calomel and jalap was given.

Jan. 2nd. Had been no return of paroxysm, cathartic had ac-





with hemorrhagia, from which it is distinct ; the former being a natural secretion from the uterus, while it possesses none of the characteristics of blood, except its color ; the latter is essentially blood, and belongs to the genus hemorrhagia, though it often follows menstruation ; in which case the person is always sterile, so long as such hemorrhage recurs." Also, that "most authors divide hemorrhage into active and passive ; but we deny the existence of any such condition as passive hemorrhage." In this paper on uterine hemorrhage, he divides it into accidental, unavoidable, and that which occurs after the birth of a child, from want of uterine contraction.

Dr. Elstun remarked, that he thought he was justified by very good authority, in differing from the author of the paper, in considering the menstrual fluid a secretion. The chemical analysis of this fluid, when collected with the greatest care, has been found by our best chemists to contain water, globules, albumen, extractive fatty and saline matters, and mucus ; and it would be inconsistent in the extreme to talk of blood-globules being secreted. He thinks that according to the best analyses, the only difference between blood and the menstrual fluid is the presence of the mucus, and containing a certain proportion of acid prevents the coagulability of blood it contains. He considers vicarious menstruation another proof of the existence of blood in the menstrual fluid, as it shows an evident hemorrhagic tendency in the female at such periods.

Dr. Highlands said, he believed that the menstrual fluid contained blood, but that it might vary in quantity and quality ; and believed that its want of coagulability depended on the presence of mucus.

He also remarked, that he thought the Dr's. assertion, that there was no such condition as passive hemorrhage, was very absurd, and gave various examples of effusion of blood, without the least evidence of a blood-vessel being broken.

Dr. Ferris considered the menstrual fluid an exudation of blood from the vessels of the womb, but doubted very much its passing through a secreting process, though it is partially changed by the secreting organs peculiar to the womb.

The arguments if given in full would tax you too much, we

have, therefore given you a faint outline of the grounds occupied, for the arguments occupied a whole afternoon.

The secretary requested the society to appoint two assistants to prepare the minutes of the meetings for publication, as it would be rather burdensome for one; the three to be known as the Committee on Publication. The request was granted, and Drs. E. H. Ferris and L. M. Rogers were appointed, with the secretary, on said committee.

The society then adjourned.



*ART. IV.—Organization and Proceedings of the Whitewater Valley Medical Society.*

IN compliance with a previous appointment, quite a respectable number of the practicing physicians of Whitewater Valley assembled in the court-house, in the town of Connersville, Fayette county, Indiana, on the 24th day of May, 1856, at 10 o'clock, A. M., for the purpose of permanently establishing a district medical society.

The meeting was organized by calling Dr. G. R. Chitwood to the chair, and appointing Dr. S. W. Vance secretary.

The President arose and stated at considerable length the objects and intentions of the meeting, arguing with great force and eloquence, the necessity and advantages of a thorough medical organization and discipline. He finally concluded his remarks by expressing a wish that a state of good feeling and unanimity might prevail, among the members of the meeting, throughout their deliberations.

A letter from Dr. W. Maguire, of Fayetteville, was read, declaring his inability to be present at the meeting, but expressing his hearty approbation of, and kind wishes for, the success of the very laudable enterprise.

The minutes of the last meeting were then read and approved.

Whereupon, it was resolved, that the committee previously

appointed to draft a suitable constitution and by-laws for a local medical society here, be now called upon to report.

Dr. S. W. Vance, at the request of the meeting, and on behalf of the committee, reported said constitution and by-laws, which, after considerable discussion and amendment, were finally adopted section by section.

It being near 12 o'clock, Dr. D. D. Hall moved, that a committee of five be appointed to make out a fee-bill during the adjournment, to be reported to the society at its afternoon session.

On motion, Drs. L. D. Sheets, D. D. Hall, A. Chapman, P. S. Silvey, and M. F. Miller, were appointed on said committee.

On motion, adjourned to meet at 2 o'clock, P. M.

*Afternoon Session*—The meeting convened at 2 o'clock, P. M., and straightway proceeded to the election of officers for the society. The election was conducted *viva voce*, and resulted in the selection of the following named gentlemen to act for the ensuing year: President—Dr. Amos Chapman; Vice President—Dr. William W. Taylor; Recording Secretary—Dr. S. W. Vance; Corresponding Secretary—Dr. L. D. Sheets; Treasurer—Dr. D. D. Hall; Censors—Drs. Daniel Trembly, G. R. Chitwood, and C. S. Ramsay.

The President elect took the chair, and called the society to order. He deeply felt the honor, as well as the arduous duties this day imposed upon him, nevertheless he would, at all times during his term of office, endeavor to preside over the deliberations of the society, according to the best of his weak ability.

The committee appointed to make out a fee-bill, through their chairman, Dr. L. D. Sheets, begged leave to report, which was granted. Upon the report having been read, a prolonged and animated debate ensued, in which Drs. Samuel Miller, L. D. Sheets, Daniel Trembly, W. W. Taylor, C. D. B. O'Ryan, and other members warmly participated. Some were for retaining the fees at their former low rates, while others were decidedly for laying on the tariff. After some alterations and amendments, the fee-bill was finally adopted, with a slight advance upon the old rate of charges.

Dr. Amos Chapman asked permission to read a preamble and

resolutions, touching the laws of the State of Indiana, with regard to the collection of debts, and the best course to be pursued by members of this society in cases of delinquency.

On motion, the aforesaid preamble and resolutions were unanimously adopted, and, together with the fee-bill, ordered to be published in the Connersville and Liberty papers.

*Be it resolved*, That the code of ethics of the American Medical Association shall be adopted by this society for the regulation of professional intercourse among its members.

The Chair appointed three members, alphabetically chosen, namely, Drs. Chitwood, Chapman, and Gillam, to read essays upon medical subjects, of their own selection, at the next regular quarterly meeting.

It was resolved, that a report of the proceedings of this society be published in the Western Lancet, and the Cincinnati Medical Observer.

On motion, the society adjourned to meet in the court-house in Connersville, on the second Monday in July next, at 10 o'clock, A. M.

S. W. VANCE, M. D., *Rec. Sec'y.*

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## BIOGRAPHICAL.

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### ART. V.—*Biographical Sketch of R. D. Mussey, M. D., LL. D.*

PROF. R. D. MUSSEY was born in Pelham township, Rockingham county, New Hampshire, June 23d, 1780. He was the son of Dr. John Mussey, a very respectable country physician, but who was unable to contribute much toward giving him a suitable education, although anxious to do so. When eleven years of age, he moved with his father to Amherst, N. H., which circumstance gave him the advantage of several weeks' instruction in the winter at the district school. His father taught him the elements of Latin, and at fifteen years of age he was sent to the Aurean Academy at Amherst. At this school he became qualified to enter the freshman class in one of the New England colleges. He kept himself supplied with means for prosecuting his studies by laboring more or less on the farm in summers and teaching school

in winters. At the age of sixteen he commenced teaching, and thus employed his winters until he entered the junior class at Dartmouth College in 1801. The winter vacations were also spent in teaching, and he was thus enabled, with the addition of a little paternal assistance, to make his way. His position in college was always among the foremost of his class. In August, 1803, he graduated, and immediately thereafter entered upon the study of medicine as a pupil of that eminent man, Dr. Nathan Smith, founder of the New Hampshire Medical School. The next summer, for the purpose of recruiting his finances, he taught an academy in Peterborough, N. H., at the same time pursuing his studies closely with Dr. Howe, of Jaffrey, N. H. Excepting during this time, his studies were continued under Dr. Smith. He received the degree of Bachelor of Medicine in August, 1805, after a public examination, at which he defended a thesis on Dysentery. In September of that year, he settled in the South Parish of Ipswich, now Essex, in Essex county, Massachusetts, at which place he was very successful. He remained here three years, when he collected his earnings and proceeded to Philadelphia, remaining there nine months under the private instruction of Dr. Benj. Smith Barton, whose botanical lectures he attended. While in Philadelphia, he attended lectures in the University of Pennsylvania, in the days of Rush, Wistar, Physic, Dorsey, Barton, Woodhouse, Chapman, and James, and graduated in 1809. Dr. Rush at this time, and for some years previous, had taught the doctrine of the non-absorption of the human skin; in which belief he was strengthened by some experiments in which the experimenter breathed through a tube fastened to his mouth at one end, while the other passed through a wall into a distant apartment to which fresh air was freely admitted; his body was then rubbed with various odorous substances, such as turpentine, etc. None of these odors being detected in the urine, it was inferred that no absorption took place from the skin. The plan in experimenting on cutaneous absorption pursued by Dr. Mussey, was to immerse himself for three hours in a madder bath containing three pounds of madder and sufficient water to cover the entire body. For two days the urine showed that it contained madder, when the proper chemical tests were applied. This experiment was repeated with the same results, and they formed the subject of his thesis on graduation.

These experiments and results were very satisfactory to the profession, and a portion of the faculty. Several other similar experiments were made by substituting rhubarb, indigo, arnotto, redwood, logwood, and cochineal. Rhubarb was unquestionably detected, while in the case of the other substances the appropriate

chemical tests failed in exhibiting them. In reference to the madder and rhubarb, the experiments were so carefully made and so often repeated, that no doubt could exist.

One experiment in this series was not unattended with danger. He immersed himself for three hours in a strong infusion of nutgalls, and then went into a strong solution of sulphate of iron, lying in that three hours more. No ink was found in the urine. A vein was opened in his hand for the purpose of seeing whether the blood exhibited anything peculiar. About an ounce and a half was obtained, when it ceased to flow; and, exhausted by his six hours' immersion, he sank faint to the floor. The serum of this blood had a tinge slightly different from common blood, and was slightly coagulated—resembling very much the serum of common blood in which a quantity of powdered nutgalls had been stirred up and allowed to settle, from which it was inferred that some portion had entered the circulation. This experiment was not repeated, and its effects were not wholly recovered from for several days.

None of these experiments have ever been published, except those made with madder and rhubarb—although the minutes of them still exist, in Dr. Mussey's possession. As a matter of course, they excited, at the time, not a little discussion among the profession at Philadelphia; and it is said that some gentlemen—one of whom, at least, before referred to—had made experiments with odorous bodies, proceeded to repeat Dr. Mussey's experiments, with certain precautions, which they alleged he ought to have taken, viz.: they plastered up very carefully the outlets of the body, and then went into the madder and rhubarb baths. Notwithstanding these precautions, they readily detected the foreign coloring matter in the urine. They varied their experiments somewhat, and at length made the announcement, that they had found only a few patches upon the body, which were capable of imparting these substances to the circulation by absorption or imbibition. These patches were inside of the leg, and thigh, and arm. The teachings of Dr. Rush, after this, were somewhat modified; he admitted that madder and rhubarb had a very "penetrating quality," and were capable of finding their way into the circulation, through certain points only. In this he was followed substantially by Dr. Chapman, the late Professor of Theory and Practice in the same institution.

All this was, soon after, effectually refuted by experiments made, at the request of Dr. Mussey—by his friend the late Dr. Sewall, of Washington City—then resident in Massachusetts. He immersed his hand and wrist, and afterwards his foot and ankle—for periods of eight and ten hours—in a madder bath—

repeating the experiments, and finding, upon each examination, plenty of madder in the urine.

Dr. Mussey desirous to ascertain if mercury in any form is absorbed from the alimentary canal, and exhaled by the skin, made the following experiment with his pupil, Mr. S. O. Porter, in 1821. Mr. P., laboring under some slight derangement of the alimentive functions, was desirous to take an active cathartic. The doctor gave him forty grains of blue mass—at the same time applied a half-eagle gold piece to the bend of the arm. He covered it with a large patch of wash leather, spread with adhesive plaster, bound it on with a bandage, and let it remain for three days.

The medicine operated upon the bowels somewhat freely; on removing the gold piece, the side which lay upon the skin was beautifully whitened over with a coat of quicksilver.

He has repeated the same experiment upon a patient in Ohio, and with a like result,—excepting that the quantity of medicine given was not more than half the other, and the coating of quicksilver was thinner, but very distinct.

More than thirty years since, a young lady from a distance was put under Dr. M.'s charge, for a large chronic swelling of the thyroid gland. The doctor applied a strong iodine ointment to one side of the tumor, covered the ointment with tin foil, and applied the two conductors of a small galvanic battery—of a dozen three-inch double plates—to the two sides of the swelling; applying the pole which attracts iodine, to the side of the tumor upon which there was no ointment. A strong prickly sensation, as of fine needles, was felt through the tumor. This was repeated every day or two for some weeks.

Reversing the poles was often tried in these applications, with uniformly the same result, viz.: the prickly sensation ceased. Ultimately, there was a distinct fluctuation in the tumor, which was opened by a bistoury. A thin, turbid fluid escaped, giving a strong smell of iodine. This was followed by suppuration, and a discharge of pus, for some weeks. The tumor gradually subsided, and when the discharge ceased, only a slight enlargement above the natural dimensions of the neck, remained. The pus discharged, gave the iodine odor; leaving the inference that some small quantity of this article was one of its elements. The family in which the patient stayed, complained very much of the iodine smell of the discharges.

This mode of treatment, and its results, were regarded at that time as rather novel.

By the foregoing history it will be seen that Dr. Mussey is entitled to much credit as an original experimenter, by which



some important physiological questions have been elucidated. His professional fame does not rest entirely on his surgical practice as is generally supposed.

On returning from Philadelphia Dr. Mussey settled in Salem, Massachusetts, at that time a town of twelve thousand inhabitants. Here he formed a professional partnership with that excellent and learned man, Dr. Daniel Oliver, afterward Professor Oliver, of the New Hampshire Medical School.

These gentlemen gave in connection, in two successive years, two popular courses of lectures on Chemistry, which was a new feature in the attractions of that town. Dr. M. resided in Salem between five and six years, most of the time engaged in a large practice. His obstetrical practice in particular, was very large during the last three years, amounting, on an average, to a fraction over three cases per week. In this place he commenced his surgical operations, of which a considerable number were performed—particularly on the eye.

He was appointed to, and accepted, the Chair of Theory and Practice of Physic, in Dartmouth College, in the fall of 1814. On account of some difficulties and changes in the College, he lectured on Chemistry for one session, successfully and satisfactorily. After the settlement of these difficulties, Dr. M. was appointed to the Professorship of Anatomy and Surgery. The duty of these two Chairs, (having to deliver two lectures per day,) his duties as a practitioner, and the necessity of a special study of anatomy, compelled him to work by day, and largely encroached upon the night, in such a manner that it is to be apprehended but few of our young men at the present time, would be willing to undertake such a task.

He continued in the performance of his duties in these branches, until the close of the session of 1838; in addition to which he was called upon to give lectures for a time on *Materia Medica*, and also on Obstetrics, to meet some occasional emergencies of the College.

In the summer of 1817, he gave a course of lectures on Chemistry at Middlebury College, in Vermont.

Early in December, 1829, Dr. Mussey left Hanover for Paris, where he remained several months, attending the Hospital Cliniques. During this absence he passed several weeks in London, visited many of the provincial Hospitals and Museums of Anatomy, as well as those of the metropolis; and formed the acquaintance of many distinguished professional gentlemen.

From this absence of ten months he returned in season to complete his college duties, by giving double and treble lectures in the session of 1830.

At this time, the Medical School of Maine, having lost by death its Professor of Anatomy and Surgery, invited Dr. Mussey to give the lectures in those branches; which he did, for four successive winters—the session in Maine commencing after that in New Hampshire had closed.

For two successive seasons, in 1836 and 1837, after the close of the New Hampshire session, Dr. M. went to Fairfield, Herkimer Co., N. Y., to give lectures on Surgery, in the College of Physicians and Surgeons located there, an institution then very flourishing, but some years afterward given up.

In the fall of 1838, Dr. M., worn with the laborious country practice in a cold climate, and looking to his future, as probably of longer usefulness in a city, accepted an invitation to the Professorship of Surgery, in the Medical College of Ohio, at Cincinnati, and removed thither with his family. In that institution, for fourteen successive years, he gave the lectures on Surgery, besides having charge of the surgical department of the Commercial Hospital of Cincinnati, and sustaining a full practice.

Dr. M. resigned the chair of Surgery in the Medical College of Ohio, after having delivered fourteen courses of lectures. During the summer of 1852, the Miami Medical College was organized, and Dr. Mussey was offered the chair of Surgery, which he accepted, and he has delivered in this school four full courses of lectures, and has had, during the sessions, charge of the surgical department of St. John's Hotel for Invalids. He now occupies these positions.

In 1854 the degree of LL. D. was conferred upon him by Dartmouth College.

At, and before the time of Dr. Mussey's visit to Europe in 1830, the doctrine of the non-union of intra-capsular fractures of the neck of the thigh bone, was taught by Sir Astley Cooper, and admitted by many distinguished members of the profession in Great Britain. Dr. M. carried with him a specimen, which, in the opinion of several surgeons both in Paris and London, satisfactorily demonstrated the fact of such bony union. When this was shown to Sir Astley, he at first remarked, "This was never broken." After a more careful inspection of it, especially its interior, which had been sawed into two vertical portions to render it accessible to the eye, he remarked, "This does look a little more like it, to be sure, but I do not think the fracture was entirely within the capsular ligament." Few surgeons who saw the specimen, had the assurance to deny that it was a case of bona fide fracture. That distinguished surgeon, Mr. John Thompson, of Edinburgh, author of a treatise on inflammation, valuable in its time, did, however, upon taking the specimen in his hand,

declare "upon his troth and honor," that it had never been broken. This opinion, given with an ex-cathedra emphasis, foreclosed all further conversation. Since that time, Dr. Mussey has procured several specimens which prove indubitably a bony reunion of this intra-capsular fracture.

Before his visit to Europe, Dr. M. had operated upon a young man, for a large, bleeding, and ulcerated nævus, upon the vertex of the head—by tying in succession both carotid arteries, at twelve days' interval—and a few weeks afterward, removing the tumor. An account of this case, contained in the *American Journal of the Med. and Phys. Sciences* for February, 1830, had been received in London a short time before Dr. M.'s arrival there. As this was the first published case of tying both carotids, it necessarily excited some interest in the profession, and enlarged Dr. M.'s facilities of intercourse with its scientific members in that metropolis.

As a physician and operative surgeon, Dr. M. has sustained a prominent rank in the profession of our country. While in New Hampshire, he had a widely-extended field for the exercise of his professional abilities: and, although he had not the advantage of that close association with medical men which large cities give, the privation resulted in a more thorough development of his own powers, and a more self-reliant professional judgment.

It was in this period, that he successfully treated, by operation, a case of uni-locular ovarian disease.

Another rather rare operation, was one upon hypertrophied tongue, in a boy of thirteen. The disease commenced at the age of nine months, and at the time of operation, the tongue measured eight inches in circumference where it issued from the mouth, and five inches in length, from the upper lip to the tip of the tongue. The operation was successful. Reported in the *Philadelphia Journal*.

Another extraordinary case was one of osteo-sarcoma, which commenced in the thumb and forefinger, and for which an operation was performed, consisting of the removal of the entire metacarpal bone of the thumb, and three-fourths of that of the forefinger. Thirteen years afterward, the disease had invaded the radius, and the os humeri: especially its upper half, which had become very large, and exceedingly painful. At that time, the arm was amputated at the shoulder joint. Six years after this, the patient came a third time to Dr. M., with the same disease, in the form of a large tumor, occupying the greater part of his shoulder blade and collar bone. He was then put upon farinaceous diet, for a month—drinking only milk or water—preparatory to a third operation. This consisted in the removal of the

entire shoulder blade and collar bone, and resulted successfully; the first operation of the kind, it is believed, ever performed. This was in October, 1837. The patient is still living and well (1856).

In Ohio, Dr. M. had, in the summer of 1845, a case somewhat like the preceding. Mr. Stark, from Lower Sandusky, had a very large osteo-sarcoma of the arm, shoulder blade, and outer portion of the collar bone. Dr. Mussey removed the arm, the entire shoulder blade, and more than half of the collar bone. In a letter received from this patient in the spring of 1854, he reports himself *well*, having had no symptom of a return of the disease since the operation.

In the summer of 1845, Dr. Mussey, for osteo-sarcoma of the lower jaw, disarticulated that bone, removing more than half of it, and accomplishing this without dividing the duct of Steno, or the facial nerve. The object was to preserve the symmetry of the mouth for the patient (a beautiful young lady), and it was fully realized.

Dr. M. was not at the time aware that the lower jaw had ever before been disarticulated, and a large portion of it removed, without implicating the facial nerve.

Dr. M. has kept no record of the number of his operations, except those of three classes, viz.:—

Lithotomy, 52; 4 deaths. Lithotrity, 1; successful.

Strangulated hernia, 40; 8 deaths.

Varicocele, 49; by subcutaneous ligation of the spermatic vein, with never a bad symptom following. In all the cases followed out—and it is believed in the whole number—a perfect cure.

Dr. M. recollects four cases of successful operation for perineal fistula; and two for stricture of the urethra, of long standing, and so complete as not to admit the passage of either catheter or bougie, into the bladder. In both cases, the recto-vesical tapping of the bladder was practiced, as a necessary measure, to prevent speedy death from entire obstruction of the urine. After the subsidence of the irritation, the point of a staff pushed as far as it would go into the urethra, was cut down upon through the perineum; and as no instrument, not even the smallest probe, could be passed into the stricture, an artificial canal was made, by passing, without a guide, a straight, narrow, sharp pointed bistoury into the bladder, and was kept open by an elastic gum catheter. In both cases, the wound in the perineum was ultimately healed, and the artificial urethra, kept open by the occasional use of the bougie, for the first year, and very rarely afterward, answered a good purpose. One of the patients, who went to a distant part of the country, was heard from five years after the operation, and was reported to be well. The other, now about

thirty-eight years old, still lives in Cincinnati. He stated to Dr. Mussey, in May, 1854, thirteen years after the operation, that he sometimes felt a slight difficulty in passing his water, but that for some years he had not, except in a few instances, been induced to pass a bougie.

In a third case of *impervious* stricture, in which there was enough dribbling of urine to prevent the necessity of puncturing the bladder, an operation similar to the foregoing was practiced, within the last three years, with less satisfactory results. The patient—between fifty and sixty years of age—after a long confinement with severe symptoms, recovered, and went home able to urinate with a small stream, accompanied at each urination with the discharge of a few drops through a small aperture still remaining in the perineum.

In several instances he has removed the upper, and parts of the lower jaw, for the diseases not unfrequently invading those bones—and within the last ten or twelve years he has had numerous cases in plastic surgery. In three cases, he had fair success, in making an artificial nose, and in one case, failed. In repairing cheeks and lips, lost by sloughing in childhood, he has had several cases, with very satisfactory results.

Within the last four years, Dr. Mussey ligated, at four weeks' interval, both carotids successfully, for aneurismal enlargement of the arteries about the ear. Within the same period, Dr. M. obtained a perfect cure by operation, of a recto-vaginal fistula. Both cases are detailed in the *Am. Jour. Med. Science*, at Phila., 1853.

Dr. Mussey's private character and history remain for a different record. That his life has been full of successful labor, possible only to a firm and energetic perseverance, this professional outline will indicate—that it has been for many years controlled by the principles of an earnest and conscientious Christianity, is its better testimony. His attention was roused in early life to the necessity of a temperance reformation, and his agency in that movement has been not only prominent from the first, but consistently progressive with the growth of public sentiment—unless it may be said to have been, at times, in advance of it. For more than twenty years, he has been a water-drinker, and for almost the same period, a practical vegetarian, in accordance with what he believes to be the true principles of hygiene.

His health at the present time is unusual for a man who is 76 years of age. He has the vigor, elasticity, and capability of men much younger. He attends to his daily professional duties, performs surgical operations, and delivers his didactic and clinical lectures, with great ease to himself; and his teachings are highly appreciated by his class.

## REVIEWS AND NOTICES.

ART. VI.—*On some Diseases of Women admitting of Surgical Treatment.* By ISAAC BAKER BROWN, F. R. C. S. (by exam.), Surgeon Accoucher to St. Mary's Hospital, Vice President of the Medical Society of London, Fellow of the Epidemiological Society, Corresponding Fellow of the Obstetrical Society, Berlin, etc. Illustrated by twenty four wood engravings. Philadelphia: Blanchard & Lea, 1856. 276 pp.

THIS work makes no pretensions to completeness, while, at the same time, it contains a very considerable amount of information in a department of surgery that has been very much neglected until recently. We are also happy to add that some of the most important improvements in this department have been made by gentlemen in our own country; and we refer with pride to Drs. Hayward, of Boston; Sims, of New York, formerly of Montgomery, Alabama; and, recently, a commendable zeal, with some favorable results, has been shown by Dr. Bozeman, of Montgomery, Alabama. It is indeed most gratifying that this important subject is being deemed of sufficient importance for a separate treatise, and must be looked upon as an indication of the dawn of a better day in regard to improvements in treating the diseases and accidents incident to the female sex.

The subjects are divided into two sections: I. Diseases or accidents which result directly or indirectly from parturition. II. Diseases or accidents of the female organs accruing independently of pregnancy.

CHAPTER I. *Laceration or Rupture of the Perineum.*—This subject is treated of under the heads of *Frequency of the accident, Varieties, Predisposing causes, Prevention, Consequences, Difficulties of treatment, Surgical history of the subject, Recorded cases, Contra-indications to operating, Time of operating, Instruments, Mode, After treatment, General Criticisms and suggestions, and Cases, with their history.* This will give some idea of the completeness of manner of treating subjects. The whole is done with clearness and perspicuity.

CHAPTER II. *Prolapse of the vagina*, under different forms.

CHAPTER III. *Prolapse of the Uterus.* This is a very short

chapter on an important subject. The directions given for treatment are judicious, but brief. To pessaries of all forms, as mechanical supports, he objects decidedly. He says, "as a general rule, they are bad: they are prone to produce irritation and excoriation, and with these, leucorrhæa; they are incompatible with perfect cleanliness; and they stretch and tend to keep up the relaxation of the canal. For the purpose of affording local support, a form of perineal bandage is recommended, which, we believe, as a general rule, is worth all the pessaries and endless varieties of "supporters" that were ever invented and brought into notice. It is plain, simple and effective. We have used them according to his pattern, given by a wood cut in the book, and have found them valuable. We have for many years used an article constructed upon the same principle, and had, long before we saw the book, discarded all patent "supporters," made up of springs, clicks and rackets, that are harped upon by the venders of these humbugs. The community has been sorely afflicted by these inventions, and have often fallen willing victims to some of the most vile charlatans of the times."

The subsequent chapters are upon *Vesico-Vaginal Fistula*, *Recto-Vaginal Fistula*, *Lacerated Vagina*, *Polypus of the Uterus*, *Stone in the Female Bladder*, *Vascular Tumor in the Meatus Urinarius*, *Imperforate Hymen*, *Encysted Tumor of the Labia*, *Diseases of the Rectum, resulting from certain conditions of the Uterus*, and *Ovarian Dropsy or Encysted Dropsy of the Ovary*.

These subjects are all treated of in a thorough manner, and we can recommend this work as being one of value to every practitioner.

For sale by Moore, Wiltach, Keys & Overend. Price, \$1 75.

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Ann. VII.—*The Principles and Practice of Ophthalmic Medicine and Surgery*. By T. WHEATON JONES, F. R. S.—Professor of Ophthalmic Medicine and Surgery in the University College, London, etc., with 110 illustrations. Second American edition, with additions from the second and revised London edition. Philadelphia: Blanchard & Lee. 1856.

EVERY physician is liable to be called upon to act in the capacity of eye surgeon, and such physicians as devote a reasonable degree of attention to this department, will find this item

of their professional duties a very important one, both in amount and character. No one can get along without a good and reliable manual, for convenient reference, such as the one now before us; and we cordially commend this little book of Wharton Jones to the Profession, as in every way worthy of their confidence. We have been in the habit of consulting Dr. Littell's excellent little work for some years past. Either, however, will prove a safe and desirable hand-book.

The illustrations of Wharton Jones' work are copious and very satisfactory. As usual, this republication has an American editor, but if we except a valuable chapter on granular lids, it is difficult to trace his labors to any extent.

For sale by Moore, Wilstach, Keys & Overend. Price, \$1 50.

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ART. VIII.—*Atlas of Cutaneous Diseases*. By J. MOORE NELIGAN, M. D., Edin., M. R. J. A., etc. Philadelphia: Blanchard & Lea. 1856.

THIS work contains sixteen beautifully colored plates, illustrating *ninety varieties* of cutaneous diseases. The plates are accompanied with letter-press explanations, and the whole is adapted to the "Treatise on Diseases of the Skin," by the same author; at the same time, however, alike adapted to any systematic work on this subject.

For sale by Moore, Wilstach, Keys & Overend. Price, \$4 50.

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ART. IX.—*Manual of Chemical Physiology*. From the German of Prof. C. G. LEHMAN, M. D. Translated, with notes and additions, by J. CHESTON MORRIS, M. D. with an introductory essay on Vital Force, by SAMUEL JACKSON, M. D., Professor in University of Pennsylvania, etc. Illustrated with forty wood cuts. Philadelphia: Blanchard & Lea., 1856.

SOME months since, we had occasion to call the attention of our readers to the very complete work on Physiological Chemistry, by Prof. Lehman. The work before us now, may be regarded as an epitome of the large work which we have already noticed, by the same author, and on account of its size will be a more acceptable book to a large portion of the Profession, whose time is too much occupied for the study of extensive books. The labors of



the Translator, Dr. Morris, seem to have been performed very satisfactorily; and he has added to the value of the work, by throwing into the form of an appendix brief physiological notes on topics kindred to the general scope of the volume, which, especially to the student, will increase the utility of this "Manual." The able Professor of Institutes in the University of Pennsylvania, Dr. Samuel Jackson, has furnished a prefatory essay on Vital Force, dissenting from the views taught by Prof. Lehman, in the body of the treatise. But while Prof. Jackson thus guards against what he regards as errors of the author, he at the same time commends the work as a text-book to the gentlemen of his classes.

For sale by Moore, Wiltach, Keys & Overend. Price, \$2 25.

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#### C O R R E S P O N D E N C E .

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SYDNEY, BOTANY BAY, March, 1856.

EDITORS OF CINCINNATI MEDICAL OBSERVER:—I have just got married, and, with the idol of my heart, I am making a tour, that I may spend my honey-moon pleasantly; and, at the same time, having an eye to notoriety, propose exhibiting myself to the distinguished characters of this fraction of her majesty's dominions; confident that when they hear an American physician has arrived, and especially when they find out he is accompanied by one of America's fairest daughters, and that his *personne* is *distingue*, and that his natural gifts and attainments are far above mediocrity (for I have with me my prize Essay, and several popular addresses which were received with such distinguished favor in my own dear land, and which I intend, at the earliest opportunity, to present to them)—all the *elite* of the town will turn out *en masse* to see me. It is true, I have not yet created much excitement. But I have been here an hour only, and have hardly taken time to rid myself of the dust, so anxious am I to engage in my favorite exercise of literary composition. I do not propose just yet to give you a very "racy sketch." I must defer this until

the *savans* have called upon me, and we (don't forget I have recently deserted my bachelorship) have partaken of English hospitality. I wish now to express, as far as language will allow, my views of matrimony, in order, if possible, to induce some of my very distinguished bachelor friends to follow my example. It seems to me as if by enchantment, I had been wafted to some fairy region. I tread lighter, I hold my head higher than I ever did, and I speak and write in a "more elegant and felicitous manner" (which you know has characterized my lectures) than I thought it was possible for mortal man to do. There is a charm in matrimony. It keeps the mind bathed in a lake of bliss, and throws a sunshine over the countenance which nothing else can do. But why attempt to portray the emotions, which in gentle wavelets roll across my peaceful breast. The English language is too meager to use as a medium for this purpose. I am almost tempted to try the *langue Francaise*, but how few of your readers would understand a word I write; I, therefore, must abandon all attempts to do justice to the subject, and leave it with a quotation from Shakspeare, (an author among a great number I am very fond of quoting in my Clinical lectures):

"Go to, Bachelor, get a wife."

I had just thrown down my pen—a faithful goose-quill which has served me many years, the same I wrote my prize essay, etc., with, and was about indulging in happy visions of the future, when I was aroused from my incipient revery by a knock on my door. Upon dignifiedly saying "come in," a servant, in splendid livery, appeared with a magnificent silver waiter, and thereupon a most exquisitely beautiful and deliciously perfumed embossed gold-edged card, with finely engraved thereon the name of the most distinguished son of Esculapius in Botany Bay. At first, I assure you, I felt very much flumbusticated, but soon regained my accustomed self-possession, and found no difficulty in entertaining my distinguished guest in my usual elegant and felicitous manner. We, for six long hours, roved over the hills of literature and traversed the vales of science, until exhausted we both exclaimed, a Pegasus, a Pegasus, my Professorship for a Pegasus! But no Pegasus came; but tired nature's sweet restorer, balmy sleep, locked up our senses till the gray tint of the morning dawn

appeared upon the eastern horizon. In the meantime, what splendid prospects appeared before me. I dreamed I had been transplanted from the fields of my early achievements to the Old World, there to assume the responsible position of Professor of Practice of Medicine in the most renowned medical institution on the continent. I had just made my debut before a crowded auditory, and was about to address them in my "usual elegant and felicitous manner," when my wife, who, at a reasonable hour, had retired to *our* couch in an adjoining room, waking with the break of day, and finding herself alone, frantically rushed into the room and upset all my "airy castles." What became of my distinguished visitor I have not yet found out; not a trace of him have I yet seen, except a *suspender button* of a most curious pattern, which I have carefully preserved, and will deposit in *our* museum when I return. Excuse me for the present, as I must make my toilet that I may be prepared to welcome the many distinguished individuals who no doubt will call upon me to-day.

Au revoir,

G. A. S.

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#### EDITORIAL AND MISCELLANY.

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##### THE OHIO STATE MEDICAL SOCIETY.

WE had the pleasure of attending the annual meeting of this Society, during the last month, in the city of Columbus. The meeting was a large and enthusiastic one. We expected, we must confess, to have met a larger number of members than we found present. The first day, and part of the second, were taken up with the preamble and resolutions, offered by Dr. M. B. Wright, of this city. These resolutions will be found in the minutes in this number. They were pointless, and meaningless, and every one wondered what they meant. In the speech which the gentleman delivered, the Society soon discovered that the resolutions were merely offered so as he might *make his speech*. We must say, the speech had nothing to do with the resolutions, and was abusive, in bad taste, and bore evident marks of being delivered

to gratify private feelings of revenge. We think the majority so regarded it. This gentleman has had a wonderful success in making himself disagreeable to the Society,—in disturbing the harmony of the meetings, and preventing the discussion of important matters, for the last five or six years. We have been unable to discover, however, that he has made any solid reputation by such a course. The truth is, the State Society must not in the future be made the arena for the exhibition of the private quarrels, or personal piques of any one.

The Society is not the place for disappointed persons to make their attacks on Medical Colleges or Journals, unless they have been pursuing a course inimical to the Profession at large. In saying this much, we believe we but reflect the opinion of a goodly number, if not the majority of the Society.

The majority report of the special committee on a plan for the regulation of the practice of physic in the State, gave rise to a lengthy and interesting discussion. This report will be found in the proceedings of last year. We ask the attention of our readers to it, for it is bound to come up again ere long.

The opinion is slowly gaining ground in the Profession throughout the entire country, that the power to examine and grant degrees ought to be taken from the Faculties of the Colleges. This report took strong ground in favor of having the Legislature appoint a Board of Censors in each Congressional District, for the purposes of examining and deciding on the qualifications of all who propose to practice medicine in the State.

The whole system of medical education, and conferring degrees, is radically deficient. We hope the day is not far distant when a long step will be taken forward to reform the evils of our present system.

The discussion on this subject, in the Society, will not be without good results.

The resolution of our friend Dr. Green, of Cambridge, to appoint a committee in each Congressional District to circulate petitions, asking the Legislature to pass a bill compelling the makers and venders of all quack medicines, sold in the State, to publish the names and quantities of each ingredient, gave rise to considerable discussion, but finally passed. We are fully convinced

that such a law can be passed by the Legislature, if the Profession throughout the State will only give itself to the work.

A great deal of dissatisfaction was expressed at the way in which the benevolent institutions of the State have been managed. The workings of these houses have been seriously damaged by the many political changes. No sooner does one political party get power, than it begins to turn out and put into office. Superintendents of Lunatic Asylums (who, of all others, should not be known for their political services) have been unceremoniously dismissed, and some new man appointed, because he is and has been a politician. The effect of all this is manifest in our benevolent institutions. The majority of the members of the Society expressed themselves strongly on this point, in passing a resolution to hold a special meeting of the Society in Columbus on the third Tuesday of January next, to bring before the notice of the Legislature the evils consonant to the present management, of the public institutions, as well as to exert its influence in favor of the passage of a bill to regulate the sale of quack medicines.

Several very interesting reports were read, one or two of which were fully discussed.

We can not forbear to call the attention of our readers to the State Society. Some complain loudly that time is not given for scientific discussion, but that matters of local and minor importance are pressed too much on the attention of the members. These gentlemen must remember, that we have a Science, and an Art, and that all discussion, no matter how tedious, and sometimes it may be offensive, is not without good. We were highly delighted to find that the Society expressed, through many members, on several occasions, its strong determination to support the Code of Ethics. The Code is our platform—the platform of the regular scientific Profession; and we feel convinced that all who do not support it, will be expelled the society of gentlemen. At any rate, it will be a useless and vain effort, on the part of any one, to get the Society to retrograde as it has once done.

Our brethren in Columbus received the Society with open arms, and assuredly comforted the inner, as well as the outer man. The banquet, given at the Neil House, was a happy and pleasant affair, and no doubt a motion to hold the meeting in Columbus

in 1858 will pass. Let us hope that a large meeting will be held in Sandusky next year. Our friend, Dr. McMeens, assures us that the Society will not regret its meeting in Sandusky, and from what we know of the Sandusky Profession, we believe it. These meetings of the State Society are always hailed with pleasure by us, and we trust we shall be able to meet many of our brethren in Sandusky in 1857. †

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ALEXIS ST. MARTIN IN CINCINNATI.

THE name of this gentleman is familiar to physiological students, as being one of the most remarkable curiosities in Medical Science. Some thirty years ago he was wounded in the stomach by the discharge of a gun, and upon recovering, an opening was left into the stomach, whereby Dr. Boumont was enabled to make a series of experiments illustrating the process of digestion as it takes place in the stomach, the properties of gastric juice, chyle, etc.: the results of these experiments have found their way into every work on Physiology. For twenty years or more, however, St. Martin has been withdrawn from public attention, and by medical readers was supposed to be dead.

A few months since, Dr. Bunting, of Montreal, made an arrangement with him, for observations and experiments, and under his charge he has been shown to the physicians of many of the principal cities of this country. Dr. B. visited this city and presented St. Martin to a large number of our physicians, on the 13th of June, in the amphitheater of the Miami Medical College. Dr. Bunting read an account of his case, and exhibited the opening, together with some experiments—he introduced a thermometer bulb into the stomach, showing the temperature 100° Fahr. A glass tube was introduced and a small quantity of chyle was withdrawn. St. Martin drank a tumbler or two of water, which he ejected through the orifice by a simple contraction of the abdominal muscles.

St. Martin is now fifty-three years of age, but looks much

younger than he really is, and is apparently sound and healthy, of medium height, spare and muscular, and has a deeply bronzed countenance. He is the father of seventeen children, five of whom are now living. We learn, Dr. Banting will shortly leave this country for a visit with St. Martin to some of the leading physiologists of Europe, as Carpenter, Jones, etc. †

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#### BANQUET OF THE STATE MEDICAL SOCIETY.

THE banquet given to the members of the Ohio State Medical Society by the Profession of Columbus, came off on Wednesday evening at the Neil House, and was certainly a very creditable affair, both to the Profession of that city, and to "Mine Host."

Supper was announced about ten o'clock, and a large company, members of the Society, and invited guests,—including a goodly array of ladies,—sat down to the table, evidently disposed to do justice to the good cheer so amply provided for the occasion. Dr. Allen, President, took the head of the table, and requested our old friend, Rev. Mr. Gowdy, to ask the Divine blessing upon the repast, and the profession.

At the close of the repast, a number of toasts were given and responded to in neat and appropriate speeches. Prof. Baker responded to the first sentiment—"The Medical Profession;" S. S. Cox, Esq., to "The Medical and Legal Professions;" Joseph Geiger, Esq., made the speech of the evening; it was brim-full of wit, humor and eloquence. Mr. Geiger possesses, in a high degree, that rarest of capacities, the tact for making a good supper speech; and we respectfully suggest hereafter, that on such occasions our State Society have a special committee to superintend the oratorical efforts of our Professional brethren.

At midnight the company dispersed in the best of humor with all mankind; and the Profession, we trust, if not deserving the good things said of them through the evening, left with a determination to become so. †

## VITAL STATISTICS, ETC.

TO THE EDITORS OF THE OBSERVER:—In the last number of your journal you call attention to the Reports of the Commercial Hospital and City Infirmary, and indulge in reflections characterized by as little of fairness as philosophy.

No one will dispute with you the importance of vital statistics; but to be really useful, it is necessary they should be not only fairly made out, but fairly interpreted.

You garble the Reports, to establish certain discrepancies, and then *amuse* yourselves by pointing to their existence.

The difference in the statements of the Steward of the Commercial Hospital and PROF. ARMOR, in regard to admissions, deaths, etc., is no more than what has frequently occurred before, and has been again and again explained in the Reports themselves. The Steward keeps a register simply of *persons admitted* to the house, while the other gives the *number of cases treated*. That the latter should be greater than the former, is easily understood,; for it is not unusual for a patient, first admitted to the surgical wards, to pass, subsequently, without leaving the house, to the medical ward, to be treated for a disease entirely distinct. He is properly entered in the books of both departments, and makes two cases.

Why the number of deaths is differently stated is fully explained by Prof. Armor himself, in a marginal note to his report, which says that he has excluded from his tables "all cases that died before they reached the Hospital, as well as all still-born children in the Hospital."

It is well known to you that Prof. Armor has stated, correctly, that "all extreme and dangerous cases are, of necessity, sent to the Hospital; the more chronic, curable and lighter forms of disease being sent to the City Infirmary." It was necessary, however, for you to destroy the force of so good a reason as this for any large mortality that might present, and with an unscrupulousness of which we did not deem you capable, you entirely misrepresent the statement in the Report of the City Infirmary. Dr. Graham does not say, as you assert, that one-third of his *receipts* were necessarily fatal. He makes the remark simply of eighteen of the fifty-three persons who died!

Upon the mode of calculating the per centage of mortality, there may well be a difference, still I must insist that no one is very likely to be deceived when the particular plan adopted is fairly stated. Prof. Armor is not singular in this matter, and it is most true that he is supported in his method "by no other Institution



with which we are acquainted ;" for the very New York Hospital Report from which you quote, sums up its results in the same way, and then makes the remark, " as if the other plan were rather unusual ;" or taking the ratio of mortality upon all discharged (*as is done in some statistics of this nature*), etc.

So then, Prof. Armor's Report, which is not *dishonestly made up*, stands thus :

Whole number of cases treated,	- - - - ,	- 1,212
Whole number of Deaths (including <i>art. mort.</i> ),	-	171
Rate per cent. of mortality,	$14\frac{1}{10}\%$ ,	

Now, admitting the difference of  $3\frac{2}{10}\%$  per cent. in favor of the New York Hospital, we must beg to call your attention to another point, without due regard to which all mere figures are useless.

You will agree with me that it is an essential condition, in drawing correct inferences, or in establishing any therapeutical principle, that the facts to be investigated shall be sufficiently fixed and definite to be *comparable*. The subjects of the disease ought to be the same, taken from the same locality—the same class of population, and they should be affected as nearly alike as possible by the same causes, whether operating intrinsically or extrinsically. A failure in any one of these conditions destroys, just so far as it goes, the value and legitimacy of our conclusions.

Now, are the cases that go to make up these Reports comparable? Perhaps not. Of one thing we are certain, that here, in the Commercial Hospital, the worst cases,—the sick, the dying, and sometimes even the dead, are received without discrimination, while in the New York Institution, if we except the cases of severe accident, "*patients are not received whose cases do not appear, to the medical or surgical officers, to admit of cure or relief.*"

G.

1st. We are very much surprised that G. has attempted to defend the system of multiplying cases by transferring them from ward to ward. By this method the rate per cent. of mortality may be made appear very low, when it is really very high. We can conceive, by this plan, how a loss of twenty-five per cent. may be made appear as low as six per cent. A man, for example, is sent to the Commercial Hospital, with an ague; is cured in the medical ward, but has, to-morrow, an ophthalmia and is removed to the surgical ward; is cured, and goes back with a diarrhea; is transferred again for an erysipelas; so that in a few weeks this one man is made to represent a dozen. The naked

question is—of the sick sent by the Trustees to the Commercial Hospital, how many died? No one can doubt for a moment that the number of cases admitted and discharged by the Registrar is the true foundation of rate per cent. of mortality, and not the cases, that may be multiplied in the wards. The same man may have three or four diseases at once. Are these to be called separate cases? If cases died before they reached the hospital, it is very remarkable that the Steward should have entered them on his list as living men received. In regard to the still-born, did they die during labor, or as the result of it, or had they been dead in utero? Science has a right to ask the question.

2d. Our remark is evidently intended to apply to those of his receipts that are in his dead list. He treated over five hundred cases. Of these he lost  $11\frac{1}{2}$  per cent., or 1 in  $8\frac{1}{2}$ . Now, as this is a very high rate of mortality, one per cent. more than in the New York Hospital, where upon nearly one-half of their dead a coroner's inquest was held, showing that the death was sudden and violent, how can he justly attempt to sustain the statement, that "the more chronic, curable and lighter forms of disease are sent to the City Infirmary." When we look at the tables of diseases treated, as published, we see no ground for the statement that "all extreme and dangerous cases are, of necessity, sent to the Commercial Hospital." Of the 578 cases treated in the male medical ward, there were 119 of intermittent fever, 40 of remittent and continued, 44 typhoid, 17 pneumonia, 54 acute and chronic diarrhea, 41 acute and chronic dysentery, 24 delirium tremens, 23 scurvy, 22 rheumatism, etc. Here are nearly 400 cases of disease, which are considered within the reach, usually, of medical science. *En passant*, Prof. Armor, in his tables, only accounts for 9 cases in *articulo mortis*, while in his estimate of per cent. he puts them down at 41. How is this? Now, in view of these facts, have we been "unscrupulous?"

3d. In regard to the mode of calculating statistics, we have so fully expressed ourselves before that we need not enlarge now. We used the word "*honestly*" in the sense of "fairly." As the gentlemen insist with so much blindness on their method, we must concede to them honesty, but there our charity pauses—their perceptions are extremely dull. How does any practitioner estimate

his results of treatment? does he not wait to know whether those on hand get well or die? But the rule we applied to the Commercial Hospital and City Infirmary, we applied to New York and to Paris. So that no advantage has been taken of our friend's reports.

Prof. Armor stated his mortality at  $10\frac{1}{2}$  per cent. G. makes it  $14\frac{1}{10}$ , by using Prof. Armor's statement of cases treated, not of those admitted. Now, if those under treatment, whose cases are not yet determined, are deducted, the rate on Armor's own table is nearly 16 per cent. Our statement of  $17\frac{1}{10}$  per cent., is strictly correct according to the Steward's report. If we allow Prof. Armor his method, his mortality is  $10\frac{1}{2}$ ; in the New York Hospital it would be  $6\frac{1}{2}$ . So, to be clear, it is only necessary to use the same method for all.

G. quotes, "that patients are not received into the New York Hospital whose cases do not appear to the medical or surgical officers to admit of cure or relief," and yet the report says, slighter cases of injury or disease, which they formerly received, are now treated at their Dispensary. In fact, 830 out of 1789 surgical cases arose from sudden casualties.

The mortality in the Commercial Hospital has been enormously high for years past. Prof. Lawson accounted for it by stating the wretchedly dilapidated condition of the house, and bad ventilation.

The Infirmary Board confirmed the statement of Prof. Lawson in their last report, but it is understood that the medical gentlemen wrote to the Secretary of the Treasury, that this was only done to get a new house from our City Council; that the present one was salubrious enough. \*

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#### MEDICAL CHANGES.

— We learn that Prof. Gross has resigned his chair in the University of Louisville, and has accepted the chair in the Jefferson Medical College, made vacant by the resignation of Prof. Mütter.

— Our friend, Prof. Austin R. Flint, has also resigned the

chair of Theory and Practice in the University of Louisville. He returns to Buffalo.

— Prof. Rodgers has been transferred to the chair of Theory and Practice, and Prof. Breckenridge, of Kentucky School, placed in the chair of Materia Medica.

— We are pleased to announce to our readers, and his friends, that Prof. L. M. Lawson has returned to this city. He has resigned his chair in the Kentucky School, and intends to open an office, and engage in the active duties of his profession. Professor Lawson is a valuable and worthy member of our profession, and we hail his return among us at the present time with pleasure.

— Our Louisville neighbors seem determined not to be behind us hereaway in the many changes in their Schools. We hope they may be more fortunate than one of our Schools has been.

— Prof. Ackley has resigned the chair of Surgery in the Cleveland School. The Faculty are on the lookout for some one to fill his place.

— The Commissioners of this county, since our last issue, have removed Dr. J. J. Quinn from the management of the Lunatic Asylum, and appointed Dr. O. M. Langdon in his place. Dr. Langdon appointed Dr. Thacker as his assistant, in the place of Dr. Alexander, the former assistant.

— We are pained to announce to our readers that the venerable and distinguished Prof. John Locke, late Professor of Chemistry in the Medical College of Ohio, is lying very ill. Profs. Comegys and Mussey, who are attending him in consultation with Dr. M. B. Wright, regard his case as very doubtful for recovery. To those of our readers who were class-mates with us during the sessions of '43-4, '44-5, '45-6, this will be painful news. The memories of "the happy days when we were young" come clustering thick and fast around us, as we write this brief note. Harrison and Shotwell, our lamented friends and masters, are gone, and now we are dreading the demise of Locke. Who is it among those of our old class-mates who will read this without emotion? Need we say more to call up the regard for the

man, than to mention the closed door of his lecture-room—the narrow passage, the crowd, the strife to be first in the room—and finally, the laugh of pleasure of Prof. Locke, at the rush to get in when the door was opened? Let us hope he will be spared yet awhile for science, for which he has done so much. †

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**A few Words with Subscribers.**—With this number of the *Observer*, we enter upon the second half of our first volume, and thus far, in the history of our enterprise, our success has been in all respects beyond our anticipations; our friends may therefore regard the future of the *Observer* as a fixed fact—that is, if they continue, as thus far, to extend their kind words, and more substantial encouragement. And in this connection we wish to add a word about payments: Although our terms make it indispensable, almost for self-preservation, to adopt the *cash in advance* principle, yet in quite a number of instances we have varied from that rule—in some cases, at the request of individuals, in others at our own suggestion. As we have, however, cheerfully taken these friends, many of them strangers, at trust for the first half of the year, we hope they will now *promptly respond*, exhibiting a hearty good will to take us for the balance. Without extending words, then, we have come to a point in the business affairs of this journal that requires us to ask a *prompt remittance from all unpaid subscribers*. We hope our friends will bear in mind the infancy of our enterprise, and respond to this matter in such a way as to obviate unreasonable sacrifice on our part, or any unreasonable resort to private resources to sustain it. †

**State Lunatic Asylums.**—The Legislature of Ohio, during its last session, passed an act for the reorganization of the Benevolent Institutions of the State. By that law, the State is divided into three districts, one for each Lunatic Asylum—the *Northern, Central, and Southern Districts*. And Hamilton county was also created a District of itself. The Central District comprises about half of the State, the capacity of the Institution at Columbus being about equal to both the others. Under the new law, meetings of the several Boards of Trustees have been held, and

new Superintendents elected, as follows: for the Central, Dr. R. Hills, Editor of the *Counsellor*; for the Southern, Dr. J. J. McIlhaney; and for the Northern, Dr. R. C. Hopkins. Considerable feeling has been manifested in certain quarters, owing to the selection of the appointees; but as we are not familiar with the special merits of these cases we forbear comment at present.

†

*A Word of Apology.*—We wished to give the proceedings of the National Medical Association entire, in our last number, believing we could not present anything of greater interest to the majority of our readers; the space occupied, however, was necessarily so great as to crowd out our usual selected miscellany, as also notices of several excellent books that had been accumulating on our table, together with other matters, editorial paragraphs, etc., prepared for that number. Our present number is also taken up, to a considerable extent, with proceedings of State and local societies, and we find, on going to press, we have to extend our apology to this month also for any lack of variety that our readers may complain of.

†

*Prof. R. D. Mussey.*—We present our readers, in this number, with an excellent engraved likeness of Prof. Mussey, and also a brief biographical sketch, both of which, we have no doubt, will be acceptable. The sketch is mostly taken from one published in the New Jersey *Medical Reporter*, some time since, and embodied into the history of the American Medical Association.

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*The Louisville Review.*—We have received the first number of this new Medical Journal, edited by S. D. Gross, M. D., and T. G. Richardson, M. D. It is to be a bi-monthly journal of Practical Medicine and Surgery—but designed to have a large proportion of its pages devoted to the department of Reviews. The first number of the *Review* is spirited, and takes high tone upon all Professional topics. Though not in continuation of the *late Western Medical Journal*, it is intended to supply its place. Terms, \$3 per annum, in advance.

†

*We had intended and wished to give some extracts from the*

address of Dr. Wood, at the Detroit meeting of the National Medical Association, but we are obliged to crowd them out; we shall endeavor to give either the whole of it, or its cream, in our next.

*Miami Medical College.*—By reference to our advertising columns, it will be seen that the fees of this Institution have been reduced to \$60. We understand that this has been done, not from want of continued increase of number of students each year since its existence, and consequent steady prosperity, but because the oldest institution in the State has thought it necessary to place its fees at a lower point, and this course has been taken in self-defense. A course of lectures can now be obtained at this school as low as at any in the State. †

*Climatology of the United States, and of the Temperate Latitudes of the North American Continent.*—We learn that a work of 450 pages, with this title, is soon to be issued from the press of Lippincott, Grambo & Co., Philadelphia. It will be copiously illustrated with engraved charts, maps, etc. LORIN BLODGET is the author of this work, and it will doubtless be of great interest and value. The price will be \$4, and subscriptions are solicited to secure the author as a basis of the first edition. †

*Mr. E. S. Wayne* is one among the most enterprising and ingenious analytical chemists of our city. We lately visited his sanctum, and were shown several specimens of *concentrated remedies* of his preparation that we wish to commend to the attention of the Profession; one beautiful preparation *Hydrastin* from the *Hydrastis Canadensis*; another, the *Sulph. Sanguinaria*. Each of these preparations have the beauty of French chemicals. Mr. Wayne is now at work on the *Macrotys Racemosa*, or *Black Snake-root*, and says he means to persevere till he has gone over our entire vegetable *Materia Medica*. We trust he will give the result of these investigations to the readers of this journal in a communication for our columns. Many of the new concentrated remedies have been appropriated by the Eclectics, as a sort of special thunder, but this should not create a prejudice against the use of such of them as are really of excellence. †

*We thank* our friends for communications received, and hope to receive a continuance of the same. We regret that the favor of our Boston correspondent was not received until the matter of this number was in the hands of the printer.

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REMARKABLE CASE OF RECOVERY FROM POISONING BY THE SEEDS  
OF DATURA STRAMONIUM.

[Communicated for the Boston Medical and Surgical Journal.]

ON the evening of November 25th, I was called to F. S., a male child, aged 4 years, and was requested to be as quick as possible, as the messenger said the child was in spasms. I saw the child in about ten minutes after I was called. Found him in great distress; pulse 120; throwing his arms and limbs to and fro and very restless; color of skin, a bright scarlet; pupils dilated. The scarlet color extended over the face, body, and limbs. I questioned his mother as to how he was taken; she replied, that an hour before he had been at play with the children, and came into the house and wanted some water; said his tongue felt big, and he appeared not to want much supper. She put him to bed as usual. He had not been in bed long, before attention was called to him, by a scream as though he was frightened in his sleep. She found it impossible to do anything with him, and his father was called. As he inclined to be sick and to vomit, they gave him infusion of snakeroot, which checked it. He being no better as to other symptoms, a messenger was despatched for me. From the appearance of the child, and the mother's history, I concluded it was a worm fit with stoppage of water, as his father informed me he had often complained when urinating, and accordingly I gave him some simple remedies for the urinary trouble, but with little or no effect. I then ordered injections, and at least twelve ounces were thrown up the rectum. After waiting one hour, and no movement of the bowels occurring, and the symptoms not much better, I came to the conclusion there was a want of action from some cause, and accordingly gave powder of sub. mur. hydrarg. gr. viii., pulv. jal. gr. vi., M., at 9 o'clock; and left another powder of sub. mur. hydrarg. gr. x., pulv. jal. gr. viii., M., to be given at 1 o'clock if no movement took place from the bowels. No passage from the bowels taking place by 1 o'clock, and the symptoms being much the same, the powder was given, which caused full emesis, and brought to light the cause of the trouble, viz., about a tablespoonful of the seeds of *Datura Stramonium*.



How the little fellow lived so long with them in him, it being about seven hours from the time I first saw him until he vomited them up, and how much longer they had been in him, I know not. The medicinal dose is but half a grain. At the same time the vomiting commenced, the bowels passed off, quite freely, watery stools mixed with the seeds. The patient is now alive and smart.

Query.—Does not calomel neutralize the effect of this poison in a measure?

D. CALKINS.

East Lyme, Conn., June, 1856.

[We doubt if the calomel had any influence, good or bad, in the result of the case above related. We suggest another query, whether the therapeutic action of Stramonium has been generally correctly understood? We have at least one other well marked instance in remembrance, where children partook of Stramonium leaves and flowers with highly narcotic and intoxicating effects as above related, but without any fatal result.] †

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HOMEOPATHIC TRICKERIES.—Dr. Coale relates the following facts: He was sent for to visit a child, with convulsions, one afternoon lately. Being absent at the time, he did not see the child until the next morning. He then found that a homeopathic practitioner had been in attendance, and had given *wine of ipecac*, in the dose of *two teaspoonfuls*, at the same time leaving directions that if the child did *not* have any more convulsions, it should be made to swallow two or three of the little *pellets* left by him; if it *had* any more attacks, *it must have the wine of ipecac again!*

Dr. C. said that these facts, in themselves, were unimportant, save in so far as they illustrate the deception of this class of practitioners, who, while they hold out the idea to their employers that they are giving infinitely small doses, and that this is the only safe practice, often use the preparations and doses given by regular physicians. Similar occurrences are getting to be so frequent that they should be exposed, in simple justice to the Profession.

Dr. C. also mentioned that while varying the doses of the biniodide of mercury very gradually to one-eighth of a grain, in a certain case, the apothecary, who put up the prescription showed him another, of a homeopathic practitioner, in which the dose was one-sixth of a grain of biniodide of mercury combined with three grains of hydriodate of potassa, four times a day. Truly infinitesimal.—*Boston Med. and Surg. Jour.*

# MIAMI MEDICAL COLLEGE OF CINCINNATI

## SESSION OF 1856, '57.

THE FIFTH ANNUAL COURSE OF LECTURES will commence on the last Monday of October, 1856, and continue until the ensuing March, with the following

### FACULTY:

R. D. MUSSEY, M. D., Professor of Descriptive and Operative Surgery.  
 J. P. JUDKINS, M. D., Professor of Surgical Anatomy and Surgical Pathology.  
 JOHN DAVIS, M. D., Professor of Anatomy.  
 JOHN F. WHITE, M. D., Professor of the Theory and Practice of Medicine.  
 GEO. MENDENHALL, M. D., Professor of Obstetrics and Diseases of Women and Children.  
 JOHN A. MURPHY, M. D., Professor of Materia Medica, Therapeutics and Medical Jurisprudence.  
 C. G. COMEGYS, M. D., Professor of the Institutes of Medicine.  
 H. E. FOOTE, M. D., Professor of Chemistry.  
 WM. CLENDENIN, M. D., Demonstrator of Anatomy.  
 J. T. WEBB, M. D., Prosector to the Professor of Anatomy.

### PRACTICAL ANATOMY.

The room for the prosecution of Practical Anatomy is commodious, well ventilated, and supplied abundantly with water and gas.

This department will be under the supervision of the Professor and Demonstrator of Anatomy, and will be opened on and after the first of October for those wishing to dissect. *Material* can be readily obtained at reasonable rates.

CLINICAL INSTRUCTION—Medical and Surgical—can be had at the Commercial Hospital and St. John's Hotel for Invalids, twice a week, and daily at the College by cases from the City Dispensary, which has become an extensive charity, giving relief to about four thousand patients annually. Patients can be attended at their houses by advanced students.

PRELIMINARY LECTURES will be delivered during the month of October, by the Faculty, free of charge.

### FEES.

For the whole Course.....	\$60 00	Matriculation Ticket, (paid once
Dissecting Ticket.....	5 00	only).....
Hospital Ticket.....	5 00	Graduation Fee.....
		25 00

Expenses incurred by students in the city may be light. Good boarding may be procured from \$2 50 to \$3 00 per week.

Students on reaching the city, by calling at the college, (north west corner of Fifth street and Western Row), will be conducted to good boarding houses, and receive every attention. For further information, address

GEO. MENDENHALL, M. D., 197 Fourth street,  
Dean of the Faculty.



THE  
CINCINNATI MEDICAL OBSERVER.

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Vol. I.]

AUGUST, 1856.

[No. 8.

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ORIGINAL COMMUNICATIONS.

[Reported for the Observer.

ART. I.—*An Abstract of a paper on "Popliteal Aneurism cured by compression," read before the Ohio State Medical Society, by Dr. G. F. MITCHELL, of Mansfield, O.*

THE time was when the treatment of this disease was almost exclusively by ligature; latterly, however, compression has attracted the attention of the profession—and in the estimation of many eminent surgeons, is to be preferred, as statistics show it to be the most successful.

Early in July, 1854, Dr. Mitchell was consulted by I. P., a drover, in reference to a large tumor situated in his left ham. Its history was as follows:—

In the spring of 1853 he journeyed to California on foot, by way of the plains. Soon after his arrival there, while exerting himself violently at running, he felt a keen, stinging pain immediately posterior to his knee; shortly after which a tumor appeared. This had increased in magnitude, gradually, up to the time Dr. M. was consulted.

The tumor was nearly spherical—about four inches in diameter, fully equal to that of the articulation of the knee. The

pulsation, over its entire surface, was uniform and synchronous with the arterial pulse.

Total disappearance of pulsation was caused, by pressure on the cardiac side; and increase of magnitude, by pressure on the distal side. Popliteal Aneurism was diagnosed—and treatment by compression recommended.

This was begun on the 25th of July—Dr. John W. Bond assisting—the foot and leg being first bandaged as high up as the tumor. “One clamp tourniquet and one ring tourniquet were then applied over the femoral; these were alternately tightened and relaxed and their positions shifted along the course of the artery. In a short time, however, the ring tourniquet was removed, and a clamp tourniquet applied in its stead.”

The patient being intelligent, and desirous of a speedy and successful termination; was readily instructed in the use of the instruments, and left, in great part, to regulate the amount of pressure.

“For the first ten days compression was applied from 12 to 14 hours in the 24. Some pain was experienced during this time, but none sufficient to disturb the patient.” His rest was sufficient and refreshing; the tourniquets, however, being always removed previous to sleep. The tumor had, by this time, acquired considerable firmness—and the sack could no longer be emptied of its contents.

“For the next three weeks pressure was continued from 16 to 18 hours per diem—the sack becoming firmer and pulsation less distinct. During the succeeding six days compression was applied about 20 hours in the 24, pulsation becoming feebler. For the next five days pressure was applied continuously.”

At the end of this time all pulsation in the tumor suddenly ceased—diminution in size continuing to take place. Compression was continued, however, for a few days longer, when exercise was allowed him—the collateral vessels during this time, becoming perceptibly enlarged.

Six weeks precisely, were occupied from the time pressure was begun until all pulsation ceased.

At no time was the circulation through the vessel entirely checked. The pain was not severe—the pressure along the

course of the artery being so alternated as to allow the patient ease and repose throughout the whole course of treatment.

Neither did redness nor excoriation of the skin at any time exist.

Nearly two years having elapsed since his dismissal, and his leg continuing as strong apparently as the other, we may conclude with confidence, that the cure was complete.

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ART. II.—*On Sulphate of Cinchonia in Intermittent Fever.* By  
Dr. JNO. S. DUKATE, of Fredericksburgh, Ind.

IN the "Medical Observer" for January, 1856, I find an article entitled, "Report of fifty-seven cases of intermittent fever treated at the City Dispensary by the Sulphate of Cinchonia, by Dr. J. C. WELLES." I have always held, that in order to test the therapeutical virtues of any article of the *Materia Medica*, especially of the so called specifics, we should administer it alone, if tolerated by the stomach without combination; for who can tell, for instance, whether cinchonia or quinia cured the patient, when both are given together or alternately? Dr. Welles' article is not quite satisfactory, although very nearly so. In the account of case first, he states that the patient had taken ten grains of quinia combined with opium and piperine. He had a chill on the 7th and 8th;—took cinchonia and had no chill on the 9th and 10th;—he was then put upon sub-carbonate of iron. On the 26th of September he had a severe chill, and was again put upon cinchonia, and convalesced. So far as this case is concerned the treatment was too complicated to be entirely satisfactory, but it is not so with nearly all the other cases.

My object however, in communicating this article, is to call the attention of the profession to the remedial virtues of cinchonia in intermittent fever, and to offer to them my experience with the medicine. Perhaps I may not have used the article so extensively as some others, but still my experience will contribute something to the common stock, and assist in judging of the value of the remedy.

I had never administered a grain of cinchonia until I saw Dr. Welles' article, when I determined to give it a fair trial in intermittent fever; which I have had a fair opportunity to do, as it has prevailed extensively in my locality during the past spring. In order to test its remedial value I administered it alone in every case, or at least using no other antiperiodic. I preceded its exhibition, however, always by an active cathartic. I have now used three ounces of this article in intermittent fever, and have come to the conclusion from what I have observed in using the above amount, that it is superior to the sulphate of quinine in the treatment of this peculiar and tenacious disease. Patients, also, seem to take it more readily than they will quinine, having most of them, from frequent use become tired of its repetition.

The following cases may possess some interest:

1st. Mrs. B., aged 24, contracted an intermittent fever last autumn, which was promptly arrested by quinine, but relapsed again and again; paroxysms continuing at intervals during the fall, winter, and spring. She became anemic, with a tendency to dropsical effusions. On the 1st of March I put her on the use of cinchonia—ordering her twenty grains divided into five grain doses, exhibited every four hours. It was of the tertian type, and on the day for the paroxysm she had some unpleasant coldness of the extremities, followed by slight febrile excitement.

After this was over she took eight grains more, and has not had another chill to this date, (June 15th,) and is in the enjoyment of tolerably good health. She is now using, for enlargement of the spleen, the prot-iodide of mercury internally, and iodine ointment externally.

2nd. Mr. S. was attacked last fall with intermittent fever, which became chronic. All the so called specifics were used, but to no purpose except to arrest the disease for a short time. He was put, by me, on the cinchonia without combination with any other medicine; after using thirty grains his disease was arrested, and has not since returned. A period of two months has now elapsed since he has taken any of the medicine, and previous to this his ague had returned about every two weeks.

3rd. This was a case of chronic ague, which had resisted quini-

ine, and nearly all other remedies. He was put upon the cinchonia and has now been free from the disease about one month.

This article might be extended by relating special cases, but it is unnecessary. It is sufficient to say that in every case of intermittent fever, whether recent or chronic, the sulphate of cinchonia has completely arrested the disease, and in but rare cases have there been any relapses. It may be thought by some that I have given the remedy more credit than it deserves, but I am of a different opinion. In every case I have given it alone for the purpose of *testing* its antiperiodic powers. No complication of effect has been produced by using quinine, piperine, salicine, strychnine, arsenic, or any other potent remedy. It is very clear that it is to the sulphate of cinchonia alone that the cures are to be attributed. I therefore feel justified in using it in all cases of simple intermittent in preference to quinine. I do not yet know enough of it to place that reliance upon it that I would on quinine in Pernicious Fevers, Malarial Neuralgia, &c., &c.

*Effects on the system.* This article does not produce the same disagreeable effects upon the nervous system that quinine does. In no case has my patient complained of tinnitus-aurium, vertigo, cephalalgia or gastric disturbance. In short, patients feel no inconvenience from its administration.

*Doses.* I think from twenty to thirty grains of cinchonia are required to completely arrest an attack of intermittent fever. My mode of prescribing it is to weigh out twenty grains and divide it into five doses, one to be taken every three or four hours, between the paroxysms, and in the absence of fever. If this quantity does not completely arrest the disease, I then give from eight to ten more and the object is certainly accomplished. The cinchonia I have used is prepared by Powers & Weightman, and costs me one dollar per ounce.

[In a letter to one of the editors, from E. C. WOOLLEY, M. D., of Butler county, in this State, the following language is used: "I have used the sulphate of cinchonia exclusively, with very happy effects; succeeding in every case but one, in arresting the paroxysms of ague by the first administration of the medicine. I think it not at all inferior to quinine as an antiperiodic." Eds.]



ART. III.—*Diseases of Richmond, Wayne co., Ind., during the Fifth and Sixth months of 1856.* By JOHN T. PLUMMER, M. D.

FIFTH MONTH.—The renewal of cases of intermittent fever of last fall, has been, up to the 3d of this month, very remarkable; so that some one remarked, "I believe everybody who had the ague last fall, is getting it again this spring." There were cases however, which were renewed during the winter, cold as it was; and cases this spring which attacked the patient for the first time. Children and adults suffer in common.

We had one or two sprinkles of rain up to the 3d; which was a cool day. Woods beginning to appear green. The 4th at noon was about 40°; the 5th 50°. On the 6th we had quite a sloppy rain. Being absent from the house at the beginning of the rain, I did not have an opportunity of exposing the ozone paper to its influence. But within an hour from the beginning, (for the rain continued till the 7th,) I allowed a strip of the paper to be wet by the falling rain, say for five or ten minutes. During this time it became *reddened*, in accordance with Pollie's doctrine. But how can this result be reconciled with the experiment reported last month? Perhaps the ammonia which, I supposed, bleached the paper last month, was, by the hour's raining, washed out of the air, in the present instance; leaving the ozone to exert its action afterward on the paper. But by leaving the paper on the plate of glass for half an hour, instead of deepening in color, it became perfectly *whitened*. This enigma I soon solved. For on testing the bleached paper with acid, I found all the iodide of starch (I use this term for brevity's sake, more than from a conviction of its accuracy,) was washed out; and to confine it, I collected the water on the glass in a Berlin dish, evaporated it, and examined the residue; which furnished indisputable evidence of the presence of iodine by the agency of dilute sulphuric acid.

We had light frosts on the 9th and 10th; and on the 15th, a dashing rain, which flooded the streets: the storm was accompanied with sharp lightning. The 16th was rainy and cool; and on the 17th there was a steady, and for a time, very heavy rain.—Ozonoscopic paper exposed to the rain at 1 o'clock, P. M., after five

or six hours' constant raining, was slightly reddened in less than one minute! It would appear that the ozone was not all washed out of the air in this instance, at least. And another strip of the ozonized paper, exposed half an hour, after the rain ceased, proved the ozone to be present in the air and very active; the paper becoming distinctly blue.

Up to the 17th, we have had a few cases of hooping cough, isthmitis, catarrhal ophthalmia, pneumonia; and one case, as I diagnosed it, of

*Inflammation of the tunica vaginalis oculi.* This is comparatively a rare species of ophthalmia. Indeed, it has not been long since this fibrous tunic itself has been recognized as a distinct structure. According to Dr. Hays, in his edition (1847) of Lawrence on the Eye, Tenon, calling it a *new tunic*, described it in 1804. Others much later, (1834 and 1841,) claim the discovery of it.—It is the *submuscular fascia* of Lucas; and the *cellular capsule* of Dalrymple. Ferrall named it *tunica vaginalis oculi*. This membrane may be compared to the cup of an acorn; the acorn representing the globe of the eye.

My patient was a boy ten years of age, in usual health before the attack; and his health in general had been good. His parents are among our most respectable citizens; and neither they nor their children have evinced any strumous symptoms; nor are they or their children subject to rheumatism. I can not ascertain that this boy has ever manifested any rheumatic tendencies. Except, therefore, that this attack was an affection of a fibrous tissue, I see no reason for calling it "*rheumatic inflammation*." I have for this and other reasons, omitted this adjunct, in naming the disease. The child had not been subjected to any of the ordinary causes of rheumatism; and on the 10th, (a pleasant day,) he was engaged in fishing. It was at an hour when the light of the sun was reflected from the water into his eyes. He came home complaining of chilliness, and afterward of pain in the forehead, temple, and bottom of the left eye. This pain in the posterior part of the globe, rose, at irregular periods, into paroxysms, which he compared to "pulling the eye out." His clothing was dry on returning home.

I saw the little patient in the evening of the day of the acces-

sion of the chill. He was then feverish; his tongue was moderately coated; his eye-lids swollen, as if from the effect of bee-stings, somewhat edematous and of a dark, dull red color. The portion of the lid directly under the superciliary ridge was scarcely reddened or tumefied. Hence the eye was not closed, as in purulent ophthalmia; but on the contrary, the lids were slightly separated, and the globe could be readily examined. The conjunctio oculi was but little reddened by infarcted blood-vessels; but was thrown into folds, especially at the inner canthus and beneath the lower lid: the infiltration was hardly enough to create a proper chemosis, or elevated ring around the corner. The "amber color" of the cases reported, I could not discover in this instance.—The globe was thrust forward and outward, apparently to the extent of half an inch; giving to the child, not a "hideous," (for this term is too strong,) but a singularly striking appearance.

When I inquired whether the child's vision was affected, (this was some days after the attack commenced,) his mother replied, "Yes, he was telling me that when he looked at a chair, for instance, he saw two chairs." Otherwise, the sight appeared to be unaffected. A strong light was painful to the eye. The slightly glutinous, but not purulent secretion, cemented the cilia into numerous pencils; and, with the distention of the ciliary margin, caused the "eye-lashes," (to use the boy's own comparison,) "to look and feel like saw-teeth." I could not satisfy myself, on inquiry, that the patient had witnessed any of those "flashes of light" of which other reporters speak; and pressure upward and backward above the eye-ball, was attended with as much pain as pressure directly backward. The order of recovery was first, abatement of the pain; then, diminution of the redness and swelling of the lids; and lastly, retrocession of the ball, which even now nine days after the accession of the chill while he is running about as a dismissed patient, is very perceptibly protuberant. I ought also to say, that the tunica conjunctio palpebrarum, continues very red; and the same membrane on the ball, at the inner canthus particularly, is still folded from the original swelling.—The ball itself is nearly natural in color and expression, but a straggling, turgescient vein, here and there may be seen. On the tenth day from the chill, the globe was reduced nearly to its prop-

er bed ; and the last symptoms to disappear were the redness and the mucous lining of the lids, and the swollen and folded conjunctive tunic.

The treatment in this case consisted of nitrate of potash, calomel, and tartarized antimony, in combination. This acted as an emetico-cathartic. Dover's powder and an epispastic of cantharides to the region of the mastoid process, followed ; and a lotion of acetate of lead to the lids. I purposed applying cups to the neck or temple, but found them unnecessary.

I have been particular in the details of this case, as instances of this kind are not often met with ; and they may sometimes occur without their true character being recognized. Indeed, the distinction between the inflammation of this vaginal tunic and that of the periosteum of the orbit, is by no means always easy. Fortunately, as the treatment in both cases is substantially the same, it is of less consequence than it otherwise would be. Besides this, the two diseases may co-exist. In both, the periostitis and the inflammation of this tunic, there is pain in the orbit, forehead, and temple ; tumefaction of the lids, with red exterior ; protrusion of the globe ; little or no inflammation of the ball ; violent exacerbations of the pain ; and impaired or confused vision.

24th. Since the 17th, we have had no rain ; but the mornings and evenings have been pleasantly cool, and the mid-days very warm, (70° to 90°). Pharyngitis, for the last week, has been almost epidemic. In some cases the redness of the fauces has been intense ; and the throat very dry. In other instances the congestion has extended to the glottis and pharynx and the schneiderian membrane, occasioning hoarseness, aphonia, slight cough, and sneezing. The ozonoscope meanwhile, indicated the presence of a large quantity of allotropic oxygen in the atmosphere.

This month has made it apparent that our shade trees have not altogether escaped the searching cold of last winter. While our locusts are leafing and shedding the spicy fragrance of their blossoms into the air, many of the catalpas, (*catalpa cordifolia*) are leafless and flowerless—dead. The catalpas directly in front of the houses, generally escaped ; but those standing at the ends of alleys and in other unprotected situations are as generally destroyed. All our unsheltered grape-vines, too, are lifeless.

25th. Almost incessant, distant lightning, last night, with some rain. Continued renewals of intermittent fever. Dew-point  $70^{\circ}$ , while the atmospheric temperature was  $74^{\circ}$ . Ozonoscope active. The last week of this month was cool. I examined the thermometer at midnight on the 29th, and found it to stand at  $40^{\circ}$ . At this point it stood also in the morning of the 30th. On these two days the wind was from the north and north-west; on the 29th, there was a gentle rain; the 30th was clear. Intermittent fever cases continue to recur, in town and country, to the close of the month. Though mostly of the tertian form, some of them assumed the quotidian type. Often, the rigor did not exist; indeed, scarcely any degree of chilliness was acknowledged by some. No remarkable local affection attended any of these cases. In one instance, (a child) I observed a billious tinge of the eye and the skin; but in this case the parents had been using some nostrums "to keep off the ague!" The ague, however, made its appearance during its use; or, as the mother expressed it, they "used the medicine till it *brought on* the ague, and then they thought it necessary to send for the doctor to cure it."

The principal medicine used in these cases, was the compound already referred to: the solution of sulphate of quinine and persulphate of iron.

31st. The month closed with a clear day, and a temperature of  $40^{\circ}$  early in the morning, and of  $70^{\circ}$  at 3 o'clock, P. M.—Vegetation was stiffened with the frost of the previous night, and much of it was destroyed; the mercury being at  $29^{\circ}$  at sunrise.

Cases of pharyngitis, catarrhal ophthalmia, and hooping cough continued to occur, though but rarely, throughout the month.—One case of hooping cough was that of a man nearly forty years old; the hoop and every other diagnostic symptom were well defined.

SIXTH MONTH.—This month opened with a warm day:  $88^{\circ}$  at noon, and  $64^{\circ}$  at 9 o'clock, P. M.

*The Ozonoscope or Ozonometer.* The reader will not find either of these terms in Dunglison's Dictionary, nor in Webster's, nor Worcester's. This instrument consists of thin, bibulous paper,

moistened with a solution of iodide of potassium in starch water, and dried. That which I have been using in connection with these reports, is several years old; and bears this inscription, made at the time of preparing it, "Dried in the sun, 9th month, 6th, 1853. Has at this date of drying, a very pale brown tinge." By being kept between the leaves of a book, the paper thus prepared, has retained its activity, apparently unimpaired, until now. As that sheet is nearly exhausted, I shall hereafter use a fresh supply of paper, and aim at more definite results than heretofore.

I have tried a great variety of proportions of the iodide to the starch; as one tenth, one fifth, one third, &c.; but I find they all make a paper not sufficiently sensitive. That containing one-third of the iodide, for instance, sometimes did not undergo any perceptible change for hours after being exposed to the air; and never became dark-colored, even after many days exposure. If the iodide, on the other hand, predominates greatly, the paper becomes too sensitive; that is, it does not enable the observer to mark the degrees very accurately, in consequence of the too rapid darkening of the color.

That which I have prepared for present use, consists of

Iodide of Potassium	10 parts
Starch	5 "
Water	350 "

I mix the starch and water together, and boil them two or three minutes; then stir in the iodide, dissolved in a small portion of the water reserved for the purpose, and moisten the paper with the liquid. I then cut the paper (thin printing paper will do) into suitable sized strips to handle, and draw the pieces through the liquid, let them drain a few moments over the vessel, and then hang them over *two* parallel lines in a warm room to dry. The object of the two lines is to prevent the pendant parts of the strips from coming together while drying, and adhering by the adhesiveness of the starch paste.

The ozonometer carefully prepared in this manner, is white and sufficiently sensitive for all useful purposes. In order to mark the degrees, I have imitated as near as practicable, with water-colors, the various shades which the paper undergoes during

the day; and have divided them into a scale of ten parts. Thus, to-day, (the 2nd,) the ozonoscope reached 1° in twenty minutes; 2° in thirty minutes; 3° in one hour; 4° in two to four hours; 5° in four to seven hours; 6° in 8 hours; 7° in ten to twelve hours. Thermometer 89° at 2 o'clock, P. M.

The reader who wishes to exercise himself in this way, will find much difficulty in transferring to paper, the peculiar hues of the ozonoscope, in their passage from the original white to the ultimate livid. The earlier shades I have imitated best by burnt sienna, variously diluted; the highest shades, by bister and crimson lake; and the intermediate degrees by burnt ember, crimson lake, and yellow ochre, properly blended. When the ozonoscope is exposed to the air in a dry state, (which I consider preferable to moistening it,) it assumes these brownish, reddish brown and livid colors; but on wetting the paper, after it has been exposed some time, the colors assume the rich blue appearance of iodide of starch. A scale may be constructed for these shades of blue also. The operator will perhaps succeed best with a mixture of Prussian blue and crimson lake.

It is important, in comparing the ozonous condition of the atmosphere on different days, that the location chosen to suspend the paper in, should be the same at all times. This situation may be either in the shade, or in the direct rays of the sun; but by no means in a close or confined atmosphere, as in a room; nor where ammonial and other fumes may envelope the paper. I believe, however, that the *extremely hot* solar rays, evaporate the liberated iodine.

3d. With a gentle breeze from the west, we had a temperature of 72° in the early morning, 92° at 2 o'clock, P. M., and 70° at 9 o'clock, P. M.; yet, while vegetation is suffering from this unusual heat, cases of intermittent fever continue to recur.

The 4th was close and oppressive till 2 o'clock, P. M. At noon the thermometer indicated 88° the dew-point being 76°; at 2½ o'clock, P. M., the mercury fell to 77°, and the dew-point was then 72°; shortly after, the observation was 74°, dew-point 71°; then 72°, dew-point 70°; next 68°, dew-point 66°; and then, rain. Thunder, and a strong south-west breeze preceded this shower. A few of the first drops of rain were allowed to fall on the ozonoscopic paper;

but no discoloration ensued for some time. Yet I found the color reached the 5th degree in two hours, without further exposure of the paper to the rain; which is less than one-half the time required on the 2nd. And another strip of the paper which had been progressing in depth of color since 6 o'clock, A. M., at the rate expressed on the 2nd, became sprinkled by rain; and in one hour after, I found it indicating 10; which is also less than one-half the usual time occupied in effecting the same change, during the late dry weather. In order to satisfy myself that this rapid change of color was not wholly due to the moisture, I wet another piece of the paper with distilled water, and subjected it to the same atmosphere; but it only reached the same degrees, in the same time, that other pieces did before the rain.

A westerly wind arose in the afternoon of the 7th, and whirled the dust of our streets into suffocating clouds. Much thundering and some rain followed.

During the first week in this month, there were cases of gastro-intestinal disturbances; some manifesting an absence of bile from the alvine evacuations; others an excess of that secretion. Some cases of diarrhea were of a mucous character, accompanied with emesis without bile.

The second and third weeks of this month were much cooler than the first; indeed, fires were renewed and warmer clothing put on by many. The morning temperatures, at 5 o'clock, varied from 42° to 64°; the average being 53°. The average heat at 2 o'clock, P. M., was 76°. Intestinal derangements, amounting to copious feculent evacuations, mostly devoid of color and frothy, and at times attended with griping pain, still continued. There was a strong dysenteric tendency in some of the cases; blood, mucus, and tenesmus existing at times in some instances. A case or two of catarrhal ophthalmia occurred during this period.— And cases of pharyngeal inflammation were not uncommon during the month; in some instances they were accompanied with small ulcerations of the tonsils and offensive breath, resembling, in these respects, mild forms of malignant sore-throat; but they were apparently congenerous with the ulcers which appeared in a few instances of follicular stomatitis.

I have said that the second and third weeks were much cooler



than the first; but the 20th and 21st days of this month must be excepted; for although the mercury stood at  $55^{\circ}$  in the early morning of the 20th, it was as high as  $90^{\circ}$  even at 4 o'clock in the afternoon,  $86^{\circ}$  at 6 o'clock, P. M., and  $70^{\circ}$  at  $8\frac{1}{2}$  o'clock, P. M.; and on the 21st it stood at  $82^{\circ}$  at 8 o'clock, P. M.,  $94^{\circ}$  at 2 o'clock, P. M.,  $90^{\circ}$  as late as 6 o'clock in the evening, and at  $76^{\circ}$  at 9 o'clock, P. M.

The wind has been as usual, from the west and south-west, during the month; but on some days it has for a time come from the east, north, north-west, and south-east. During some of the few light rains of this month, I observed that the wind was from the south-east.

The 22d was the hottest day of the month; at 6 o'clock, A. M. the mercury stood at  $74^{\circ}$  and at  $76^{\circ}$  at 9 o'clock, P. M.; and during the intermediate hours it was at  $90^{\circ}$ ,  $93^{\circ}$ ,  $94^{\circ}$ , and  $97^{\circ}$ ; the complement of the dew-point varying, during the day, from  $25^{\circ}$  to  $30^{\circ}$ . On the morning of this hot and dry day, I was surprised to find my ink covered with a thick coat of mold; some flour paste was in the same condition. On stirring up the latter, so as completely to conceal all the mold, I found it, a few hours later, again covered in the same manner.

The air, on the 23d and 24th, was, part of the time, saturated with moisture; at other times, the complement of the dew-point was  $7^{\circ}$  and  $10^{\circ}$ . There were light showers on both days, and a well-defined nimbus appeared to the north-west on the evening of the 24th, accompanied with distant lightning; by 9 o'clock it became a magnificent black cloud, and in less than fifteen minutes it was wafted over us to the south-east by a temporary breeze, leaving the atmosphere behind it clear, but settling in the south-east in frowning darkness: not a drop of rain was perceived during its transit. The temperature of the air at the time was  $74^{\circ}$ ; and the dew-point  $64^{\circ}$ . But although no rain fell, it was evident that during the night, there was an increase of humidity in the air; for at 6 o'clock next morning, the temperature being the same, ( $74^{\circ}$ ) the dew-point was as high as  $72^{\circ}$ ; at 10 o'clock, A. M., the comparison was  $85^{\circ}$  and dew-point  $74^{\circ}$ .

A north-west breeze prevailed during the day, (25th) clearing for a time, the western sky, and piling up cumuli in the east.—

The highest temperature during the day (10 o'clock) was 93°; and the complement of the dew-point at the same period 24°.—The 26th began with a cloudless sky; and a temperature of 70°, which increased to 96° at noon, but declined several degrees by 1 o'clock, when the complement of the dew-point was just 30°.—Later in the afternoon, a violent storm of wind, with rain, strewed limbs from our shade trees about the streets, and uprooted forest trees near town. A case of renewed intermittent fever occurred this morning. As with many other cases, it was unattended with a chill; not the slightest sense of coldness being experienced.

Dr. Drake, in his systematic treatise on the diseases of our great valley, adopting perhaps the prevalent opinion, says we should not consider vernal intermittents "as the offspring of a poison developed in that season, (spring,) but relapses, like those of winter." It is true, that the greater number of our present vernal intermittents have happened in persons who were affected last fall; but there were well-attested cases this spring in persons who were not attacked last fall; and cases in those who asserted they *never* had the ague. Such "new cases" the doctor says "are not to be ascribed to a reproduction of the special, remote cause, in those seasons, (winter and spring,) but to its impress in autumn; which impress was not followed by the fever at that time." These cases he calls "deferred attacks."

I am not now prepared to call in question the correctness of this doctrine of a *slumbering impress*; but I will submit the following case to the reader. A man residing in the mountainous parts of Pennsylvania, visited this place about the middle of this month. He had not suffered from a fit of sickness for nine years; and appeared to be in excellent health at the time of his arrival here. But the next day he was attacked with intermittent fever. He attributed his sickness to exposure, late in the evening, on the deck of the boat, while descending the Ohio. He appears not to have been exposed to the "specific poison," at home or abroad, unless we consider that he passed into an infected atmosphere on his western visit.

On the 27th, the vane was directed to all points of the compass through the day; but inclined more to settle with the finger pointing to the south-east, while the fleecy clouds (*cirro cumuli*)

were slowly moving to the east. Some rain fell in the course of the day. The temperature at 2 o'clock, P. M., was 88°. The complement of the dew-point at noon was 9°.

A copious shower fell on the 28th; but the weather continued oppressively warm to the close of the month, the dew-point complement varying from 0°, to 11°; and the wind blowing from the S. W. for the last three days, except the 30th, when the vane played in the north semicircle from the east to the west and cooled the air.

Cases of intermittent fever continued to occur to the close of the month. I met with no instance of this disease in children under three years of age; nor in adults above the age of sixty. It affected persons in town and country, between these ages; the hardiest of our yeomanry, and those of feeble constitutions were alike subjects of it; as well as both sexes. In some, it several times recurred in the course of the spring. Almost invariably, (indeed, I do not recollect an exception,) the solution of quinine and iron already named in a former report, arrested the attack by one day's use of it: ten or twelve grs. of the sulphate of quinine being taken in the course of the day. I scarcely ever use any preparatory means, as emetics and cathartics. Affections of the spleen I have not been able to discover in any case; nor inflammatory complications of any kind. Many patients had scarcely a chill; and others shook violently.

It may not be altogether irrelevant to these desultory records of facts just to say, that a friend from Michigan (Cass co.) informed me that this fever prevailed in that State last fall; and that numerous cases existed this spring, as with us, thus farther south.

I have met with no remittent fever this season; but Dr. Harrington told me he had several cases of it this month, in the neighborhood of some flat lands eight or ten miles northwest from Richmond.

Cases of cholera morbus began to occur before the month ended; but I know of no instances of cholera infantum.

I have simplified, and perhaps improved, the formula for the antiperiodic compound named in a former report; (page 246 of this volume;) and have been using the new preparation this

month, exclusively. I am fully satisfied with the durability of the compound, and with its efficiency.

This is the simplified formula:

R. Quinæ Sulphatis	210 grs.
Aquæ distillatæ	210 drs.
Acidi Sulphurici	q. s.
ut perfecte solvetur sal.	Deinde adde.
Ferri persulphatis	52 grs.
Fiat Solutio.	

This makes almost a colorless preparation, and one that is perfectly transparent. My usual dose is a teaspoonful every two hours in the absence of fever. The quantity of the *persulphate* may be increased *ad libitum*; but I find the fourth of a grain to a drachm of the solution, sufficient to preserve the preparation from decomposition; and it gives, perhaps, a proper chalybeate quality to the solution.

Daily observations were made during the month, on the ozonoscope. In presenting the annexed summary, I give, in a tabular form, for convenient inspection, the minimum and maximum number of hours required on different days to reach the respective degrees:

1° in $\frac{1}{2}$ hour.	6° in $2\frac{1}{2}$ to 9 hours.
2° " 1 "	7° " 2 to 14 "
3° " 1 to 7 hrs.	8° " 3 to 6 "
4° " $\frac{1}{2}$ to 3 "	9° " 4 to 16 "
5° " 1 to 4 "	10° " 4 to 12 "

The different degrees were reached most rapidly, on rainy or misty days. This was invariably the case. And I am satisfied, that on the hottest days, the iodide of potassium was decomposed, and the iodine largely evaporated before it could act on the starch.

There have been but three deaths within the limits of the corporation during the month, (about 0.46 per cent. of the population,) and beside the intermittent, scarcely any sickness. I observed no variation in the health of the community during the various changes indicated by the ozonoscope.

MEDICAL SOCIETIES.

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ART. IV.—*Proceedings of the Montgomery County Medical Society.*

THE Society met at the Phoenix House, in the city of Dayton, on the 3d. of July. The President, Dr. I. A. COONS, took the chair at 10 o'clock.

Dr. J. C. Fisher, of Dayton, was then balloted for and unanimously elected a member of the Society; and the name of Dr. G. H. Baines, of Chambersburg was proposed for membership.

Dr. Denise then brought before the Society a physiological and a pathological specimen—both taken from the same subject. The former was an uterus with its appendages, containing an ovum about the size of a nutmeg, which with its membranes were well displayed and excited much interest. Dr. Carey, also, presented to the notice of the Society, two very small ova, showing the amnion and the chorion. The pathological specimen was the parts involved in the disease of which the woman had died—cancer of the rectum. The doctor then gave the history of the case as far as he could ascertain it—its course under his observation and the treatment pursued. Several members of the Society had seen the case in consultation as it was one of unusual difficulty in regard to diagnosis, and of great interest.

Dr. McDermont then read the following interesting case of fracture of the skull:

Mr. Brower, age 32, while engaged in felling timber on his farm seven miles east of Dayton, was struck by a falling tree, and was carried in a state of insensibility to his residence, three-quarters of a mile distant.

The accident occurred March 18th, 1856, about 10 o'clock A. M. The family physician was sent for and arrived at 1 o'clock. By this time the patient had recovered some degree of consciousness and, according to the doctor's statement, he gave intelligent answers to several questions that were proposed to him. On the left side of the forehead, there was an extensive lacerated wound, which the doctor dressed by stitches and adhesive straps—not having

detected any depression of the skull and supposing from the returning consciousness of the patient that the case was one of severe concussion.

Late in the afternoon I was called upon by the patient's father, who requested me to visit his son and to take my trephining instruments along, as he thought an operation would be necessary. At 6 o'clock the same evening, I found the patient in a state of complete insensibility, the loudest question spoken in his ear failed to elicit any response—his surface was below the natural temperature and covered with clammy perspiration, pulse 58, respiration 13 per minute and labored, right pupil dilated, left pupil could not be seen in consequence of the extensive effusion of blood into the cellular tissue of the eyelid. Whole face considerably tumefied—blood was oozing from the wound, attendants said it had been bleeding ever since the accident, and at first was very profuse—blood was also discharged through the nose.

The patient though insensible to any questions, manifested a feeling of pain whenever the wound was touched—an examination with a probe carefully inserted between the stitches detected an extensive fracture of the frontal bone with depression.

I stated to the family the necessity of an operation for the purpose of relieving the brain from the compression which the depressed bone was making upon it, and also the importance of having the compression removed as early as possible. Mrs. B., the patient's wife objected to any further surgical interference, she had witnessed his suffering while the doctor was sewing up the wound, she had heard him express the opinion that the patient would not probably live till morning, and she was unwilling to see any more pain inflicted upon him; she was impressed with the belief that an attempt to operate would hasten his death and cause unnecessary suffering.

Failing to convince her of the necessity of an immediate operation, I left the house after having arranged to return at a late hour and confer with the doctor, for whom a messenger was despatched in the mean time. In this way the operation was delayed nearly twelve hours after the receipt of the injury, during which time the patient showed no sign of consciousness beyond

what has already been stated. About 10 o'clock the operation was commenced, the extent of the fracture being much greater than the wound, it was necessary to enlarge the latter—the first incision caused the patient to wince, and subsequently he became so restless and unmanageable that I found it necessary to put him under the influence of chloroform, in order to proceed safely with the operation. On dissecting aside the soft parts, we found the fracture four and a half inches long by two inches wide, extending from above the left frontal eminence, downward and inward to the base of the skull, which was also involved in the fracture. The depression was greatest at the orbital ridges. By means of Hey's saw and a strong elevator, I succeeded in removing eleven fragments of bone, one of these fragments had penetrated the membrane of the brain and lodged in the cerebral substance. A triangular portion of the orbital plate having a base of about three quarters of an inch, was broken and forced upward and backward upon the cerebrum. On raising this fragment with the Elevator, I found that its attachments were not very firm, but a moment's reflection on the importance of its anatomical relations, determined me on placing it *in situ* and trusting to the conservative powers of nature to restore its integrity. Two of the arteries inside the skull had been wounded, and continued to bleed for more than an hour after the fragments of bone had been removed. The hemorrhage was finally arrested by the steady application of icicle-points to the oozing vessels. The wound was thoroughly cleansed, and the soft parts brought together over the denuded brain and united by suture and adhesive strips—a bladder half filled with ice water, was laid against the wound in such a manner as not to make pressure on the part affected. When the operation was completed and the effect of the chloroform was passing off, the patient began to complain of severe pain in one foot; he imagined his foot was being crushed beneath some heavy weight, and his exclamations of agony and vociferous entreaties for relief, were as earnest and natural as if his foot had really been suffering in a vice. This morbid impression lasted about thirty minutes. I mention it as an unusual phenomenon in the case, without expressing any opinion as to its cause. Directing the apartment to be kept cool, dark and quiet,

and the iced application to be constantly applied to his head, I left him in the care of his mother, who proved to be a most judicious nurse. He remained insensible the greater part of the night, but on the day following he complained of pain in his head, answered some questions and asked for water. From this time his symptoms improved though the progress was very slow. In a few days the wound began to suppurate and for several weeks discharged freely. His bowels from the first were kept free by means of enemata and the occasional administration of cathartics. Strange to say the reaction following the operation was extremely slight, the pulse did not at any time exceed eighty-six, although, from the first, his *capacity* to understand *increased*, yet it was eight days before he was able to recollect any thing that transpired, during which time his memory seemed to be entirely dormant. The fragment of the orbital plate which, as already stated, was placed *in situ*, gave me the deepest solicitude. It was the seat of nearly all the suffering of which the patient complained. The parts adjacent were very tender to the touch, and continued inflamed and painful for several weeks; happily however in about a month the inflammation in the part subsided, and the entire wound having ceased to suppurate, healed up. In two months Mr. B. was able to ride over his farm, at the present writing he is enjoying excellent health, and all his mental faculties are as sound and vigorous as at any period of his life.

One of the most pleasing features in this case has yet to be mentioned. He had suffered almost constantly for many years with violent nervous headache, and since the occurrence of the accident, he has been entirely free from this affection.

\* \* \* \* I have been induced to present the foregoing report, because the records of surgery present few recoveries after the receipt of injuries so extensive and complicated as in the case described.

*Secondly.* Because it affords a good illustration of the want of uniformity in the symptoms arising from depressed fracture of the cranium, and the consequent necessity of caution in our attempts to diagnose between compression and concussion, especially when no external depression can be detected.

*Thirdly.* It exemplifies in a striking manner the value of



chloroform in operations after severe injuries. But for its influence in the case reported, the operation would have proved a very dangerous one if not altogether impracticable, owing to the uncontrollable restlessness of the patient, and as has been proved in thousands of instances in the Crimean war, it was doubtless the means of saving the patient from that nervous exhaustion and violent reaction which so frequently proved fatal prior to the use of anesthesia.

Dr. Brennan spoke at some length on the paper—he condemned the use of chloroform in the case. Thought that when there had been such a severe injury to the brain, it was improper to administer an agent acting so powerfully upon it as chloroform does.

Dr. Haines spoke in favor of the course pursued, and drew an inference from the favorable result.

Dr. Davis made some remarks in regard to the propriety of administering chloroform in such cases—if patients were insensible to pain when the operation commenced, they would often struggle violently as soon as the depressed bone was raised. He would not have attempted the operation without administering it—thought it a severe case from which recovery was scarcely to be expected.

Dr. Denise did not think it so great a wonder that the patient recovered—had known of many cases of severe injury to the head, cases where some of the cerebral substance had been lost, but they had recovered. He said it would be found that they did well for a time, but after a year or so died, and mentioned a case in Cincinnati, in which the patient had died of apoplexy some time after having seemingly entirely recovered from a severe injury to the head. He thought the case reported, showed the propriety of giving an anesthetic under such circumstances.

Dr. McDermont said in reply, that he thought it a very severe injury from the base of the skull having been implicated in the fracture, and from the amount and persistence of the hemorrhage—did not think there were many cases on record, where so severe an injury was followed by recovery. In reply to Dr. Brennan he alluded to the experience of the Crimea, and said that surgical authorities would sustain him in the course he had pursued.

Dr. Carey did not think compression of the brain contra-indicated the use of chloroform, its action was upon the sentient nerves. The danger from fractures of base of skull arose from important nerves, and the medulla oblongata being injured—in this case, the fracture being so far anterior the danger from it was diminished. He related a case which he had treated, in many respects similar to this one. Also one of a young man who fell down one story of a mill, striking the back of his head with violence—there was insensibility, and all the symptoms of compression, and hemorrhage from the ear for twelve or fourteen hours. He gradually recovered, but did not regain the senses of hearing and vision for several months.

Dr. Brennan made some farther remarks in which he maintained his former grounds—he said that in diseases of heart and lungs, chloroform was not administered and it should not be in injuries of the head—that when there was great congestion of the brain and debility of that organ, it was improper to administer an agent which added to those conditions—he thought it “reckless” practice, and would not be controlled by “authority” but proceed upon “general principles.”

Dr. Reeve objected to the use of the terms “congestion” and “debility”—there was no evidence of the former being present in the case reported, the depression of bone being enough to account for the symptoms, nor did we know that chloroform produced the latter—we only knew the fact that it destroyed sensation, the particular condition of the brain as to excitement or debility, congestion or its opposite being undemonstrated. He did not agree with Dr. B. in regard to authority—thought our practice too limited to establish general principles; he alluded to the articles lately published by Dr. Snow, the highest authority, in the London Lancet, where the propriety of administering this agent even in diseases of the brain, heart or lungs, when the question was of a severe operation to be suffered by persons with such disease was shown—Dr. S. had showed that they ran less risk from an operation with chloroform than without it.

[The remainder of the “Transactions of the Montgomery Co. Soc.,” embracing an interesting paper on Sulph. Cinchonia by Dr. Carey, and its discussion—must be deferred till next month.—Eds.]

## REVIEWS AND NOTICES.

ART. V. *Physical Explorations and Diagnosis of Diseases affecting the Respiratory organs.* By AUSTIN FLINT, M. D., Professor of Theory and Practice of Medicine in the University of Louisville, &c., &c. Philadelphia, Blanchard & Lea; 1856.

PROF. FLINT, late of the University of Louisville, has presented a valuable work to the profession, in the handsome volume before us. As the author well remarks in the preface, "the discovery of Laennec forms a memorable epoch in the history of Medicine." The great mass of the medical profession tacitly or theoretically so assent; and yet notwithstanding this assent the great mass *practically* in great measure treat the testimony of the physical exploration and diagnosis of thoracic disease with scepticism;—and occasionally we even come across a man, in many respects apparently, pretty well informed medically,—who, nevertheless, will speak of auscultation as "a great humbug." The reasons for this lack of faith are sufficiently evident upon a little reflection. The art of detecting clearly and surely the evidences of pathological conditions revealed by physical exploration is a matter of patient, persevering, continued practice; the ear and the judgment must be faithfully drilled to this form of education; day after day, and year after year, the young physician should be acquiring this reliable tact, by every opportunity, and in every form of disease. The French motto, "*repetition sans cesse*," quoted by Dr. Flint by way of apology for frequent repetitions of what he regards important principles—may well be urged upon the student of physical exploration;—in this department there is but one road to excellence—*repetition sans cesse*. Again, there is especial pretension and imposture in this, as in every department of our profession; and no great wonder, in view of the counterfeit, that many a worthy man is led to question the existence of the genuine. Still further we may remark, that most of the special treatises, particularly those which have recently appeared, and may be supposed to embody all the late discoveries and improvements in physical diagnosis, are for

the most part only designed as "*manuals* for the medical student." They serve as valuable guides in our researches—but are not comprehensive by any means as works of reference. Dr. Flint has sought to supply what he regards as a desideratum in this field of study—"a work limited to diseases of the respiratory organs, treating *in extenso*, and almost exclusively, of the principles and practice of physical exploration as applied to the diagnosis of these affections."

The work bears internal evidence of great industry and care in the preparation of its minute details. We can not, do more than call attention to a hasty synopsis of its plan, which however, will give our readers some idea of the character of the book.

We have first, then, an introductory chapter of two sections, devoted to a resumé of the general anatomical and physiological points essential to a study of the respiratory apparatus. The body of the work is thereafter divided into two parts: Part I., *The Physical Exploration of the Chest*; Part II., *Diagnosis of Diseases affecting the Respiratory Organs*; and the minute detail we have alluded to in the work is seen when we remark that Part I. is made up of nine chapters, embracing remarks upon the different methods of exploration—of percussion, auscultation, mensuration, palpation, etc., etc. Then we have percussion as modified by health and disease, and as influenced by the various regions to which it is applied; so of auscultation, the natural phenomena of respiratory sounds are given, and the various modifications of disease, the murmur, the rale, the peculiarities of voice and the peculiarities of cough. The same minuteness characterizes the topics embraced in Part II.: Physical Signs of Bronchitic disease—Dilatation and contraction of the bronchial tubes—Pertussis—Asthma—Pneumonitis—Pulmonary Tuberculosis—Pulmonary Oedema—Gangrene of the Lungs—Pleuritis—Hydrothorax—Pneumothorax—etc., etc.—Many of these general heads embracing many subdivisions of interest and serious import. In many of the paragraphs we observe that Prof. Flint has, to some extent, preserved the ease and familiarity of style incident to the Lecture room, and doubtless his readers will thank him for it. Few will study this book without profit; as has been already remarked by a critic of this book—"It does credit to the author and through

him, to the profession in this country. It is what we can not call every book upon auscultation, a readable book."

For sale by Moore, Wiltach, Keys & Overend. Price \$3. ‡

AMR. VI. *Headaches, their Causes and their Cure.* By HENRY G. WISSNER, M. D., etc., etc. New York: S. S. & W. Wood, 1856.

WE have received a small volume with the above title from the publishers, the Messrs. Wood, of N. Y. It is unassuming in size or title, but from a careful examination we are prepared to commend it to the favorable consideration of the profession, as being a pithy, suggestive little book, more to the purpose in its brevity, than many a book of more pretension and pages. It is divided into two parts: 1. The varieties and symptoms of headaches, and 2. Their causes and treatment. The author still further arranges his matter with reference to *age*—influences of the state of the *circulating system*—the *digestive organs*—the *nervous system*—*rheumatism*—*organic disease*. ‡

AMR. VII. *The Causes and Treatment of Sterility, with a preliminary statement of the Physiology of Generation; with colored lithographs and numerous wood-cut illustrations.* By AUGUSTUS K. GARDNER, A. M., M. D., Permanent member of the National Medical Association; Fellow of the New York Academy of Medicine; member of the Massachusetts Medical Society; member of the New York Pathological Society; Late Instructor on diseases of women and children in the New York Preparatory School of Medicine; Physician for diseases of women, in the New York Northern Dispensary; Author of Monographs on Ergot; Uterine Hemorrhage; Rupture of the Perineum, etc., etc. New York: Dewitt and Davenport, pp 163.

WE do not know whether the affix of numerous titles gives wisdom, but certain it is that our expectations were greatly raised on reading the title page of this small volume. We did not suppose that any *one* man could have such inflictions upon him without being greatly advanced in knowledge. It is perhaps true that some of the honors are not difficult to be borne, yet we are at a loss to understand how one small head could deserve such an abundance of worldly renown. Upon looking into the book, however, we are not astonished at the use of the titles; we suppose they are intended to give reputation to the work, for this is certainly what it most needs, and a quality which it is not very likely

to get, *per se*. The frontispiece we suppose is intended for the same object, but how a finely executed lithographed view of the female organs of generation with a speculum inserted is calculated to give any great amount of instruction, we are too obtuse to discover. It is a matter, however, about which tastes may differ. For our own part, we are averse to any *unnecessary* exhibition of this kind, even in print. If perchance a second edition should be called for, we advise the author to substitute a portrait of himself. We are unable to discover any good reason why this book should ever have been published. Other books have said before all that we find in this, and in quite as good style, if not superior to it. It is got up in beautiful style by the enterprising publishers.

For sale by Moore, Wiltach, Keys & Overend. Price \$2. °

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ART. VIII. *A disquisition on the Ancient History of Medicine ; comprising critical notices of the Origin of Medical Science, its vicissitudes in the remotest times, and of its reconstruction and final establishment by the Greeks. By THOMAS L. WRIGHT, M. D.*

WE are indebted to the author for a copy of this essay. It is divided into eleven chapters. Chapter 1st., is taken up with "the utility of the study of ancient history. Chapter 2d. The advanced condition of Science in remote ages of the world. Chapter 3d. Peculiarities in the situation of Egypt, favorable to the preservation of knowledge. Chapter 4th. Manners and customs of the Egyptians, bearing upon the preservation of learning, and especially of the science of Medicine. Chapter 5th. Connection of superstition with diseases and with their remedies. Chapter 6th. Condition of Medicine among the Babylonians and Phœnicians. Chapter 7th. State of Medicine among the inhabitants of Greece, anterior to the heroic ages. Chapter 8th. Advancement of Medical Science in Greece, during the heroic ages. Chapter 9th. Situation of Medical Science during the middle ages of Grecian history. Chapter 10th. A notice of the regeneration of Medical Science in Greece, consequent upon the teachings of Pythagoras. Chapter 11th. The general spread of the science of Medicine after the time of Pythagoras.

This little essay can not be read without great profit, and we

can not too much applaud the author for his knowledge of Medical history, and his zeal for the welfare of his profession in publishing it.

In his preface he says: "I do not submit these pages to the public eye, from any vain or idle impulse. I expect they contain facts, and connections, and suggestions that may be instructive to the young,—and to some who are no longer young:—to the Medical Practitioner, and to many whose pursuits are different from the practice of Medicine—else I would not publish them."

A more general study of Medical *history* by the profession, and especially by students, would do much to unmask the pretensions of Quacks. One thing especially would be learned, that Quacks have existed in all ages, but that in spite of all opposition the science and art of Medicine has progressed wonderfully. We hope Dr. Wright may be encouraged by the profession in his efforts, so as he may publish a second one on "Hippocrates, and Aristotle,—upon the state of Medicine in the Macedonian Empire, and among the successors of Alexander,—and upon its introduction into Rome, and its condition there till the times of Galen and Celsus."

The Essay can be had by addressing the author, Bellefontaine, Ohio. †

ART. IX. *The Practitioners Pharmacopoeia and Universal formulary.* Containing 2000 classified prescriptions, selected from the practice of the most eminent British and foreign Medical authorities, with an abstract of the three British Pharmacopoeias, and much other useful information for the practitioner and student. By JOSE FOOTE, M. R. C. S., London. Formerly Surgeon to the Cholera Hospital, St. Heliers, Jersey, with corrections and additions by an American Physician. New York, S. S. & W. Wood, 261 Pearl street, 1856.

THERE is very little in this book which strikes us as valuable for the well educated physician. Indeed it belongs to a class of books which we think should be put under the ban of the profession. The practitioners Pharmacopoeia indeed! Who is the practitioner who has studied carefully his *Materia Medica* and *Therapeutics*, and especially the *Dispensatory*, who requires a collection of prescriptions or formulæ good, bad and indifferent? It may be, that the small class whom we shall style "prescrip-

tion Doctors," will hail the appearance of this book with pleasure. There are a few physicians whom we have met, who have a prescription for every disease, and called, no matter at what stage of it, still they have a prescription. We have observed, too, that the whole efficacy is in the formula or prescription, no regard being paid to the ingredient. Medical students too, in our observation have a great *penchant* for prescriptions—and eagerly note down the formulæ given by the Professor, allowing the discussion and principles for their use to pass by. We once knew a Doctor (?) who carried this to such great lengths, that whenever called to a case, he would open his note book and find out his emetic formula, carthartic formula etc.

We suppose the American as well as the English editor intended that this book should be carried in the coat pocket of every physician, from the fact of their giving such details as to the treatment of accidents, asphyxia, drowning, coup de soleil &c. The truth is that the good physician, and student has very little need of such books. There are *some* formulæ in the book of value, and to those who are too busy to hunt them up, or have not books of reference where they may be found, we would recommend it. We opine that the American editor had no very high idea of the book, or his notes and additions, or he would have given us his name.

For sale by Moore, Wiltach, Keys & Overend.

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ART. X. *The action of Medicines in the System:* or, "On the mode in which Therapeutic Agents introduced into the Stomach produce their peculiar effects on the Animal Economy." Being the Prize Essay to which the Medical Society of London awarded the Fothergillian gold medal for MDCCCLII. By FREDERICK WILLIAM HEADLAND, M. B., B. A., F. D. S., M. R. C. S., etc. Second American edition, from the second revised and enlarged London edition. Philadelphia: LINDSAY & BLAKISTON, 1856.

WE are glad to welcome a second edition of this book. Its popularity is certainly a good index of its merits. We think that those who have not read it, should purchase a copy of this second edition. The every-day practitioner will find much of value in it, and withal, suggestions of importance in the use of his remedies at the bed-side. Rapid strides have been made in every department but in that of the action and effects of med-



icines. In nosology, diagnosis, pathology, physiology and chemistry we can claim great progress and certainty, but when we come to look over carefully all that has been accomplished in determining the *modus operandi*, and the effects of our remedial agents, we find but little that is satisfactory, and indeed that we are but very few steps in advance of our ancestors. Few persons give themselves to this work, and among those there is wanting the knowledge necessary to successful or valuable results. No one is qualified to attempt the investigation of the action of medicines, who has not a correct understanding of the causes and symptoms of disease. One great obstacle lies in the way of progress in the investigation—it is the great desire manifested by too many to discover new remedies. In our journals, we find frequently some one recommending as almost certain some new remedy for the cure of some ordinary disease. His observations of the remedy are based on one or half a dozen of cases. We say this is a great obstacle—the *Materia Medica* is already swelled to an inconvenient size. It is not new remedies we so much want, but a rigid, careful and extended study of the action and effects of those best known. The best practitioners, and most successful withal, use but the fewest and simplest remedies. We are sorry space forbids us from doing justice to this book. We hope to find room hereafter to give it a more extended notice. We recommended it to all of our readers. For sale by Derby & Co., Main street. †

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#### CORRESPONDENCE.

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Boston, June 12, 1854.

**EDITORS MEDICAL OBSERVER**—The anniversary of the *Massachusetts Medical Society* took place in this city on Wednesday, May the 28th. It was one of the largest and most interesting meetings ever held by the Society. For several years past, these anniversaries have been celebrated in different sections of the State, so that the Fellows might be more equally accommodated. Communications were read upon various topics; among them may

be mentioned one on the successful treatment of ovarian cysts by puncture, etc., and resection of the elbow joint, following an injury. Also upon secondary syphilis, with the exhibition of patients to illustrate its varied forms; and a topographical account of phthisis in Massachusetts. The last paper was by Dr. Bowditch, of Boston. He exhibited a State map to illustrate his results, upon which all of the towns were sketched with appropriate colors, to show the prevalence and degree of intensity of this New England scourge. It was evident, from his conclusions, that there is great irregularity in the frequency of phthisis throughout the State—that it prevails more in towns and localities noted for dampness, and that the nature of the soil has a controlling influence in its development.

The Annual Address was delivered by Dr. John G. Metcalf, of Mendon, upon the "Statistics of Midwifery." It was a labored analysis of some eighteen hundred cases, eleven hundred occurring in his own practice, and the residue in that of his neighbors; together with comparative table of several thousand cases in the English, French and German practice.

The usual dinner was served at the Revere House, in the best style of "mine host," where between five and six hundred Fellows participated in its *autopsy*.

" There none refused to use the *knife*,  
Or take the proffered mixture;  
While each forgot the daily strife  
Of death with *life's elixir*."

On the removal of the cloth, the *real* intellectual feast began, and as each dish of sentiment and thought was served, it was evidently shown that physicians, when beyond the confines of the "sick room," are ever ready for the emergencies of the hour. Did space permit, I would gladly give you a synopsis of the speeches, but as they were mostly of a local character, I will only make one or two brief allusions to them. The venerable Dr. James Jackson, in responding to a sentiment, stated the fact that when he joined the Society, in 1802, its members were limited to seventy, who were selected for membership with some regard to qualifications. Subsequently, all practitioners supposed to be of *reputable* character were admitted; finally, those only

who had obtained a medical education, and passed a satisfactory examination.

Dr. O. W. Holmes made *the* speech of the occasion. It was replete with all those delicacies of thought and expression so familiar to the author, poet and physician.

Such social gatherings of the medical fraternity are of the highest import. They impart a new impetus to the life of a physician. He can lay aside, for the time, his toils and cares, extend and receive a fraternal hand, give and demand "aid and sympathy," and be better prepared to return to his arduous and responsible duties. Professional jealousy meets with a check, and is replaced by an honorable demeanor. Let the sentiment of Dr. S. Durkee, of Boston, be remembered. He gave—"The *bone of contention*, if there be such a bone, whenever and wherever found, let it be cut out by the deepest surgery, and, like the bones of Moses, let it be buried where no man can find it, and let its place be filled with the warm and vital current of brotherly love."

At the regular monthly meeting of the Suffolk Medical Society, May 31st, several interesting cases were reported. One or two are deserving of notice.

Dr. Cabot had a patient—female—thirty years old—resides in Vermont—two years since had dysentery in its putrid form—continued a long time—recovering from this, she thought that air was expelled from the vagina—afterward, some apple seeds and minute particles of fecal matter. The vagina and bladder were explored, and a small *cul-de-sac* was found a little above the entrance of the right ureter. Patient was directed to use a glass in front of her when she evacuated the rectum. By this method foul matters were discovered issuing from the urethra. Diagnosis, adhesion of the intestinal tube to the bladder, and perforation, resulting from the previous dysentery. Treatment, to keep the bowels soluble.

Dr. Bowditch detailed four cases of dropsy of the chest, which he had recently seen—two were adults, and two children of five years. The symptoms of the latter and of one adult were so alarming that death was hourly expected. But the operation of paracentesis rescued them from their imminent peril, and convalescence has been the result.

Dr. B. remarked that he had never seen any ill consequences follow puncturing the chest, however large the trocar used. The operation has been done many hundred times within a few years in this section, with marked success. It is often required several times upon the same patient. I am confident that the profession generally do not resort to it as often as they should.

A memorial upon small-pox was presented to the city government some time since, showing the number of deaths from this disease for the last forty-five years, and the sanitary measures in operation during that period. It gives some extraordinary results. "It appears that during the last twenty-five years 1116 deaths took place." In 1844, there were no deaths. During the twenty-five years previous, there were only *twenty* deaths, and there were fourteen years in which there were none. Now if the number of deaths to the number of cases is on the basis of two per cent., as the author estimates, it gives,  $1116 \times 50 = 55,800$  cases of small-pox during the last twenty years. In 1855, there were one hundred and eighty-six deaths;  $186 \times 50 = 9,300$  cases. The subject is then considered in a pecuniary point of view, of which I need not entertain. The remedy recommended is *compulsory* vaccination. The city now provides that no unvaccinated child shall be admitted into the public schools; and also that persons may be vaccinated gratuitously by applying to the city physician. As before said, the memorial proposes "a general vaccination of the inhabitants, by house-to-house visitations, enforced by the authority of the city."

The health of our city is remarkably good, only 54 deaths last week, 17 less than the previous week. B.

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#### EDITORIAL AND MISCELLANY.

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##### DEATH OF PROF. JOHN LOCKE, M. D.

DIED, in this city, on Thursday morning, July 10th, at eight and a half o'clock, after a protracted illness, Prof. JOHN LOCKE, in the sixty-fifth year of his age.

Such is the simple announcement taken from one of the morning papers of this city, which will call up emotions of sorrow in

the hearts of hundreds of medical men in this valley, who exhibit with honest pride the name of Locke on their parchments—of many hundreds more in this and other lands, who have, from time to time, listened to his lectures, or recognized in him the leading scientific mind of the great West, and one of the savans of the world.

Friday morning, a large meeting of the medical profession was held at the office of Dr. Woodward, for the purpose of taking suitable notice of the death of Prof. Locke. Prof. R. D. Mussey, for many years associated with Prof. Locke in the Medical College of Ohio, was made Chairman, and Dr. D. Judkins, Secretary. The Chairman appointed Drs. Richards, Woodward and Lawson a committee to report resolutions.

Drs. Jno. A. Murphy, N. Foster and W. H. Mussey were appointed a committee to select a suitable person from the medical profession, to deliver a eulogy on the life and character of the late Dr. John Locke.

Dr. Murphy made a few appropriate remarks, alluding to the leading characteristics of Prof. Locke, and giving a tribute to the worth of the deceased, and his individual affection and regard for the man.

Dr. M. B. Wright gave a minute and interesting account of the circumstances connected with the last illness of Dr. Locke; he also tendered a tribute to his high character and personal excellence, and, in closing, he wished to refute a charge that had been brought against Prof. Locke of infidelity, and stated that his arrangements had been made, and his mind determined, some time before his death, and from his convictions of duty, to unite with Christ's Church, (Episcopal), but had been prevented by circumstances from perfecting his wish and intention.

The *post-mortem* appearances were as follows: There was no disease of the heart or lungs, but the heart and entire arterial system was at least one-third larger than usual. The liver presented considerable indications of disease, but was not particularly enlarged. The kidneys were congested and apparently granular, but only softened; they were about the usual size. The brain exhibited conditions of softening in the middle and posterior lobes of the left side; the remarkable feature of the organ was its weight—fifty-six ounces—much more than the

average; and the depth of the convolutions, which were fully one and a quarter inches—the average is perhaps half an inch—thus giving an enormous extent of peripheral surface, which accounts very satisfactorily for his extraordinary tenacity of thought, as well as general large powers of mind.

The committee reported the following resolutions:

WHEREAS, It has pleased the great disposer of events to remove by death our distinguished friend and brother, Dr. John Locke; and whereas, it is right for the living to pay just tribute to the illustrious dead; therefore,

*Resolved*, That in the death of Dr. Locke our community has lost one of its brightest ornaments, and science one of her most ardent votaries.

*Resolved*, That to him, as instructor of youth in the earlier stage of his bright career, many of our mothers and sisters are indebted for that intelligence and cultivation which ever distinguished his pupils.

*Resolved*, That as Professor of Chemistry in the Medical College of Ohio, he discharged faithfully and acceptably the duties of his department, won the affection and respect of the students, and contributed his full share to the success of that institution.

*Resolved*, That as a zealous promoter of the useful arts, and public lecturer upon Chemistry and Mechanical Philosophy, all classes of our citizens are under deep obligation to him, and will cherish his memory as a public benefactor.

*Resolved*, That in the walks of experimental philosophy and scientific research, he not only stood pre-eminent among us, but also occupied a proud position among the savans of Europe, and shed luster upon the American name.

*Resolved*, That we especially, as medical men, are called to mourn the loss of one who, though not directly engaged in the practical duties of our calling, has, nevertheless, by his unwearying investigations, shed much light upon our professional pathway, and contributed rich gifts to medical literature.

*Resolved*, That as an expression of our own sorrow, and our sympathy with the bereaved family, we will attend the funeral this afternoon.

*Resolved*, That the above resolutions be published in the daily papers, and a copy sent to the family of the deceased.

We condense a few biographical notes.

Dr. Locke was born in Fryeburg, Me., on the 19th Feb., 1792. His early life was spent at Bethel, Me., where he attended an academy, and distinguished himself by mechanical and scientific

attainments rare for one of his years. He subsequently graduated at Yale College; was for a short time surgeon in the navy, and then a teacher in New England. It is about thirty years since he removed to the West, first opening a school for young ladies in Lexington, Ky., then in Cincinnati. In 1837, he accepted the chair of Professor of Chemistry in the Medical College of Ohio, which he filled with great honor to himself and benefit to the institution until his resignation, some three years since. During the past winter his health was very feeble. Some three months since he was called to survey a coal mine in Western Virginia. He was here exposed to severity of weather and physical exertion, and after his return he continued to decline steadily, with a variety of symptoms, until his decease.

As a scientific man, Dr. Locke was particularly interested in chemistry; he was at home in every department of physics and natural history, and his investigations were always marked with patience and depth of research. His principal scientific achievements were "Magnetical Researches," extending over a large portion of the country, and continued for many years; and the "Magneto-Astronomical Clock." He was widely known as a well-informed and accurate geologist, and his connection with the geological surveys of Ohio, the mineral region of Lake Superior and Iowa added much to their value. Through the whole of his life he manifested the strong will and influencing energy which carried him through the privations of youth. To the scientific world of which he was so honored a member, to the numerous friends to whom he endeared himself by his kindness, to the community of which he was a bright ornament, and to his family, who know as none others can, his worth as father and husband, the death of Prof. Locke is an irreparable loss. †

Since writing the above, we understand that Prof. H. E. Foote, of the Miami Medical College, is selected to deliver the eulogy. Dr. Foote was a pupil of Prof. Locke, a graduate of the Ohio Medical College, and is at present a teacher in the same department of science. These considerations, together with the capacity of Dr. Foote, render the selection eminently suitable.

## THE COMMERCIAL HOSPITAL—NEWSPAPER REPORTERS.

It will be remembered by our readers, that we complained of the medical staff of the Hospital for allowing reports of operations to be published in the daily papers, and for allowing newspaper reporters to be present at operations.

We had hoped that our article had accomplished what we intended, but we are sorry to say we have been mistaken.

It again becomes our unpleasant duty to direct attention to the violation of the code in allowing reports of operations to be published in the daily papers.

In the daily *Columbian* of July 12th, we find an account of a reduction of the humerus by one of the surgeons of the Hospital, which, to use the language of the reporter, "is regarded as an extraordinary feat." We know it will be said that the medical staff is not responsible for those reports; that they have nothing to do with their publication. This, however, we do not believe or admit. They are responsible, and even accessory to their publication.

Newspaper reporters can be kept out of the wards, and out of the amphitheater during operations, if the surgeons so will it. From whom do these reporters get their information, if not from the surgeon, or from some one present, or from some of the officers or servants, or from actual observation, or from some third or fourth person? It is a very easy matter indeed to have a report of an operation published. For instance. Dr. Plunger amputates at the hip, or ties the illiac artery, or reduces a dislocated humerus, and invites Dr. Blower to be present. Dr. Blower, poor soul, has never seen many operations, and is, it may be, too ignorant to form any opinion of the propriety of the operation, goes home wonderfully impressed with the abilities of Plunger, and tells some newspaper reporter all about the operation, when on the following day men of gentlemanly tastes are offended with the report of the doings of Dr. Plunger. This conduct will not do; it is an open violation of the code; it is the practice of the worst empirics. The medical gentlemen having control of the Hospital can stop this shameful and most unprofessional conduct if they will. It is of no use to tell us that they can not help it,



for we know they can. We know that in years gone by, every one about the Hospital was strictly forbidden to name accounts of operations to newspaper reporters, and that on one occasion the distinguished surgeon then in attendance took the trouble to go to one of the editors of the daily papers, and forbid him publishing anything concerning his operations. This same gentleman cautioned his class, and those present at an operation, during the last winter, against publishing any account of it, or giving any information to newspaper reporters. The fact is, that these reports get into the papers either by the direct or indirect influence of those interested.

Why is it, we would ask, that reports of the operations, delicate and difficult as they are, performed in private practice by several gentlemen do not get into the papers? Simply, we will answer, for the reason that they despise newspaper puffing—that they support the Code of Ethics, and are unwilling to place themselves on the level of the lowest quack. We must say, we have not the least respect for the man who is itching for newspaper notoriety. He is either deficient in ability or moral honesty. Certain it is that he distrusts the capability of his profession to appreciate him, or else he cares not by what means he can get a case.

Let reports of successful operations be given to medical societies and journals, their proper place, and we shall be pleased: but so long as they appear in newspapers, we intend to speak out and arraign the guilty before the bar of the profession. This low, *ad captandum* quackery ought to be stopped. We have tried the sense and the feelings of many distinguished medical men on this matter, and with one accord they loath and condemn it. Every gentleman must feel disgusted with it. It is the most transparent, glaring kind of quackery. If the gentlemen having the care of the Hospital do not wish to lie under the charge, let them do what they can and ought to do, stop the further publication of their operations.

We know very well that we shall excite by this article a good deal of noise, and it may be, *the editor of a daily paper* may howl and snap his tusk at us, but still we shall not hesitate to do our duty as journalists. We have been much disgusted of late

with the reports and puffs of the two last great quacks who have come to town, Pancoast and Root. What, we ask, is the difference between the practices of these quacks, and those of the regular profession who publish accounts of their operations?

We are not done with this subject; indeed, we have sharpened our pen with the intention, if this evil is not abated, to write an expose which will not be, to say the least, agreeable. We know that there are a band of high-toned, educated, conservative gentlemen in the profession, whose good opinion and sympathies are with us, prompting us to go on, and go on we will to oppose those who continue empirical courses in the regular profession.

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*Carlsbad Spa—Dr. S. Hanbury Smith.* We have only room this month to call the attention of the profession to the card of our most esteemed friend, Dr. Smith, in the advertising sheet of this number. It is generally known to the medical men of this valley, that Dr. Hanbury Smith has devoted especial attention to the entire subject of mineral waters for many years; and after very zealous and characteristic devotion, he feels great confidence in presenting a complete chemical counterpart of the most prominent and valuable mineral waters of the old world. Inasmuch as the therapeutic value of these waters may now be tested with so slight expense and inconvenience, we trust the profession will commend a trial of the establishment of Dr. S. in all suitable cases.

*Correction.* On page 325 of last number, in our notice of St. Martin, a slip of the pen gives *chyle* instead of *chyme*.

*To Correspondents.* Very acceptable articles are on file from Drs. Scobey, Kunkler, McArthur, Slater, and proceedings of Jay Co. Ind. Med. Soc.—which will appear soon.

*Carpenter, on the Microscope, and Curling, on diseases of the Testis*—are received from Blanchard & Lea; also, Dr. Watson's Discourse before the N. Y. Academy of Medicine on "*The Medical profession in Ancient Times*."

*We call attention* to the noble address of Dr. Wood, at Detroit; we should be glad if every medical man in the United States would read it carefully.

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*Registration Law.* We are informed by letter from the Hon. Jas. H. Baker, Secretary of State, that he "expects to be able very soon to furnish to the several counties the requisite blanks," which are to be used by physicians in making their returns of the births and deaths coming under their notice. Physicians will thus be enabled to comply with the law in an efficient manner with comparatively little trouble to themselves. It is to be hoped that every facility will be afforded by medical men that is possible in rendering the reports under the law full and reliable. If so, it will be the means of collecting a vast amount of statistical information which will be of great value. °

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*Valedictory Address of Dr. Wood, to the American Medical Association.*

Custom demands, as one of the expiring duties of your presiding officer, that he should leave a legacy at least of good wishes, if not of something more valuable behind him. In compliance with this duty, I propose to say a few parting words, which, whatever else they may convey to you, will assuredly not interpret duly the sentiments of him who utters them, unless they make you sensible of his grateful and most kindly feelings toward his fellow members, and of his zealous interest in the great objects of our Association.

The present is a suitable occasion for taking a survey of the Association; for looking around toward the boundaries of its labors, interests, and duties, and noting whether something may not present itself in the view, which may profitably occupy, for a few minutes, our serious and earnest attention. Let us first throw a comparative glance from the present backward to the past. Perhaps by so doing, we may be the better prepared to look forward intelligently into the future.

Have the hopes with which the Association set out in its mission of self-imposed duty, been fulfilled? Has the loud call which it sent forth through the nation, startling the profession from its easy slumber, succeeded in awakening it thoroughly to a sense of its high responsibilities, and arousing a determined spirit of progress? Or has it died away in gradually diminishing echoes, leaving but a drowsy memory of that spirit-stirring appeal? Have the annual gatherings of the elect of the profession, their joint deliberations in council, their various legislation, the practical inquiry set on foot or encouraged, not omitting their exploits at the festal board, and kindly interchange of thought and sentiment in social assemblage; have all these been without fruit? Have they been the mere course of a phantom ship through the ocean of human events, leaving no track in its passage, and bearing no freight onward to its destination?

Were we to listen to the clamors of opposition, the whisperings of discontent, or the murmured disappointment of an over-excited expectation,

we might be disposed to give these questions an unfavorable answer; to cease our struggles for an unattainable good; and with the wings of the spirit folded, and its head drooping, to submit in sadness to an inexorable destiny, chaining us in submission to all present evils, and jealous even of a glance toward the higher and the better.

But happily, such is not the voice of a clear and unbiased judgment. It is true that the Association has not accomplished the whole of what it aimed at. Like all other young things, conscious of a stirring life within, and feeling no limits to its yet untried powers, it hoped and strove beyond the possible; it struck in its soaring flight against the iron will of circumstance, and for a time, at least, fell back, stunned though not crushed, into humbler aims. Yet, even as regards medical education, which is the main point of failure, its efforts have not been all thrown away. Some advance, however small, has, I think, been already made; and bread, moreover, has been cast upon the waters, to be found after many days.

But outside of this vexed subject, much, very much has been accomplished. I will not appeal to the ponderous volumes of our Transactions. They speak for themselves. 'To say that there is no chaff among their solid contents, would be to say what is neither now nor ever has been true of any large book, with one solitary exception. But I believe that all present will join me in the opinion, that one who searches these records, with a sincere and candid spirit, will find in them much that is good; much that may warrant the self-congratulation of the Association for having originated, or called it forth.

But, whatever credit may be given to these living witnesses of our labors, one fact is evident, that the medical mind has been aroused; that the spirit of improvement has breathed upon the masses of the profession, and everywhere scattered germs, which are now developing, and will probably hereafter continue to develop, even in a still higher ratio, into earnest efforts for self-culture, and general advancement.

Stagnation, in the moral as in the physical world, generates corruption. Agitation, though often in its extremes a cause of evil, and sometimes of unspeakable present wretchedness, generally purifies in the end, and, if restrained within due limits, is a source of unmixed good. The medical mind, anterior to the birth of this Association, was in a state of comparative inertia. In all the departments of the profession, the educational as well as the practical, material interests began to predominate. There was danger that the profession might sink to the level of a mere business. Noble aims; high aspirations; the general good; the spirit of self-sacrifice; these began to be looked on as wordy inflations. The great struggle seemed to be, in the teaching department to gather pupils; in the practical, to gather patients; in both, to swell the pockets. Stagnation of the professional spirit was breeding noxious influence in its motionless depths. No wonder that quackery loomed upward, as regular medicine began to sink. There was danger that the public might be able to see little difference between them; and the fact is, that the line of demarcation was not very distinct, even to the professional eye. They ran into each other, at their extremes, by quite insensible shades.

But the Association arose, and a new spirit was awakened. Many had been watching this apparent abasement of the profession with sorrow; but they were powerless in their isolation. No sooner had the flag of the Association been given to the breeze, than they hastened to join its standard. From all quarters, and from the remotest bounds of the country, volunteers poured in to join this great crusade against the evils which had been usurping the sacred places of the profession. The mass of medical society was moved to its very depths. Hundreds upon hundreds came forth from their sheltering privacy, and threw their souls into the grand movement which was to reconquer, to purify, and regenerate the prostrated glory of their calling. The feeble voice of opposition was heard for a moment; but was soon drowned in the overwhelming shouts of the masses, crying out, Onward! Onward! Even the advocates of the material principle, who could not raise their souls above the level of dollars and cents, found it expedient to chime in for a time with the almost universal voice; and to the enthusiastic it seemed as though a professional millennium was approaching. I need not follow the march of the crusade. I need not recall the varied experience which has but confirmed that of all other revolutionary uprisings, that, except under the influence of a power higher than human, which can regenerate the hearts of men, whatever temporary change may be made in the surface of things, in mere form and arrangement, it is only by the slow working of time that radical and lasting reforms can be effected. Who ever beheld a great nation made by a written constitution? We have had paper republics as thick as the leaves in Vallombrosa; but where, and what are they now? To make a great and free nation, the people must have the principles of greatness and freedom implanted in their hearts. So is it with lesser associations. It is vain to alter forms, unless the substance is altered too. The Association has discovered this truth. It no longer seeks to work miracles, but is content with following the methods of nature and providence. It has done a great thing in beginning the movement. It is doing what it can to further that movement, and to consolidate its results.

Who is there that has lived and observed through the past ten or fifteen years, who can not see that our profession has been moving onward and upward since its great awakening; perhaps slowly, perhaps now and then halting, but on the whole advancing, and with an irresistible force, because it is that of the mass? It is not now a few leaders who are kindling by their own enthusiasm a feeble and temporary blaze of excitement in the multitude; dragging them forward as with cords by their own strong zeal and fiery spirit; it is the inborn soul which is animating the great body, and carrying it forward in its legitimate course.

Had the Association done nothing else, I will not say than originating, but even than aiding and concentrating this rising up of the profession, it would have performed a service entitling it to everlasting gratitude, and to an imperishable name in the medical annals of our country.

A great benefit conferred on the profession by the Association, was the preparation and adoption of a code of medical ethics. I need not

say to *you*, that this code is merely an expression of the great principles of truth, justice, and honor in their application to the relations of physicians to one another, their patients, and the public. It is the voice of wisdom and experience speaking from the past, and meets a ready response in the breast of every man possessing a good heart, a sound judgment, and correct moral principle. Should any one find a repugnance to the observance of its rules rising up within him, let him for a moment reflect, whether this may not spring from some evil source in himself; whether it may not be the result rather of an unwillingness to make what he may deem a sacrifice at their suggestion, than of a real conviction of their injustice or impropriety. Which is more likely to be true; the unbiased and unselfish judgment of the wisest and most experienced in the profession, or an individual decision which may at least be suspected of a selfish basis, and of which no man, if his interests or feelings are in any degree involved, can say that it is quite pure; for no man can judge impartially in his own case. A becoming modesty would lead him to suspect that the fault might be in himself, and a becoming spirit to search into the depths of his own heart for the root of the evil, and to pluck it out if discovered. I have no doubt that a full observance of these rules would tend more than any one thing else, to maintain harmony in the profession, and to elevate it in the public esteem. It would render impossible those unseemly disputes, founded on petty jealousies, and supposed opposition of interests, which, probably beyond any other single cause, expose the profession to obloquy and ridicule. A copy of the Code should be placed in the hands of every young man about to enter upon the practice of medicine, with the urgent advice that he should make it the guide of his professional life; that he should not only regulate his conduct in conformity with its precepts, but should educate his heart into a real preference for them. Would it not be an object worthy of the attention of the Association to provide for such a distribution; at least by the publication of a large edition of the Code, to put it in the power of individuals or societies, who might be disposed to engage in this work of beneficence, to do so with as little cost to themselves as possible? I do honestly believe that, to a young physician going forth into a life full of moral conflicts, the wearing of this ægis would be one of his surest defenses; that, next to the holy scriptures, and the grace of God, it would serve most effectually to guard him from evil.

Not one of the least advantages of the Association is that, representing as it may be said to do, the medical profession of the country, its voice, when nearly or quite unanimous, will be considered as that of the whole medical body, and thus have weight both in the community at large, and in the legislative councils of the nation. It is only thus that the profession can make their special opinions and wishes known and felt. I have been told that the representations of the Association had much weight in determining a satisfactory arrangement of the question respecting the relative rank of the surgeons in the navy. It is to be presumed that the patriotic physician who brought before Congress the memorable measure for establishing a general inspection of imported

drugs, was materially aided in carrying it through by the approving voice of the profession, speaking in the memorial from this body. On another occasion, you were heard, through your resolutions, pleading in the Halls of Congress in favor of a great measure of honesty and justice, when you petitioned for an international copyright law between the United States and Great Britain; and, should such a law ever be passed, it will not be claiming too much for the Association to say that it will have contributed to that result. Your resolutions, from time to time, in advocacy of a system of registration of births, deaths, etc., have probably also added something to the mass of influence which has brought legislation to bear on this most important subject, though, it must be acknowledged, hitherto but very partially, and, with some honorable exceptions, ineffectually.

There is one other view of the beneficial influence of our great gatherings which I can not pass unnoticed.

The effect of isolation is well known in breeding excessive self-respect, distrust of others, and narrow, selfish, and sectional views and feelings. Man is naturally gregarious; and it is only in association that his nature can receive its full development; that the seeds of the better qualities within him can be made to germinate, and the qualities themselves to grow up, under culture, into their just magnitude and proportions.

Our Association brings together many who would otherwise never meet, from sections remote from each other, and differing much in views, habits, and feelings. We come, partly at least, for relaxation from the cares and toils of business, prepared and desirous to be pleased. Each one naturally, and without design, turns out the fairest side of his character, "his silver lining to the sun;" and all consequently make and receive favorable and kindly impressions. Each place selected for our meetings feels its character for hospitality involved in the reception of its guests, and every effort is made to extend all proper courtesies and kindnesses to the assembled representatives of the profession. In parting, therefore, we carry with us friendly remembrances of one another, and of the place of assemblage, to our several far separated homes. These remembrances serve as so many cords not only to bind the members of the profession together in one harmonious whole, but also, intertwined with other similar agencies, to counteract the centrifugal tendencies of our political system, and to keep it moving onward, each part in its due place, in that majestic course which, while shedding beneficent influences throughout its own great circle, attracts the admiring and hopeful gaze of humanity everywhere.

Having thus hastily scanned the present and past of the Association, let us turn our thoughts briefly toward the future. A few words will convey all that I have to address to your attention.

It seems to me that experience should have taught us this one lesson: not to aim at once at sweeping changes; but, having determined what great objects are desirable, to keep these always in view, and, by the persevering use of such influences as may be at our command, securing one point in advance before hastening to another, to move on slowly but steadily to our ends. These must ever be the improvement of the pro-

fession itself, the advancement of medical science, and the promotion of the public good, so far as that may, in any degree, be connected with our special pursuit. Each of these three points requires a brief notice.

In the improvement of the profession, the Association has from its foundation recognized, as an essential element of success, a higher degree of qualification in those who are to become its members. But for the attainment of this object they can use no coercive measures. The only power they can exercise is that of opinion. Our only appeal is to the judgment and conscience of those concerned. But much may in time be done in this way. It is impossible that intelligent and honorable individuals, possessed of that share of conscientiousness which belongs to most men, and is certainly not deficient in our profession, should long resist such appeals, proceeding from a source so worthy of respect as this. Let us reiterate, from time to time, our convictions of the necessity for improved preparatory education, for a longer devotion to the proper studies of the profession, for a junction of clinical with didactic instruction, and finally for something more than a mere nominal examination before admission to the honor of the doctorate, or the privileges of a license to practice; points which have ever been insisted on by the Association; let us, I say, reiterate these convictions; and, like slowly dropping water, they will at length, however gradually, wear their way through the hardest incrustation of prejudice, interest, indolence, or indifference, and reach the conscience with irresistible effect. While bringing to bear upon this resistance, the consideration of reason, duty, honor, and even an enlightened self-interest, we must carefully avoid all violence of procedure, as likely only to add the hostility of passion to other opposing influences. By this course, universal opinion will be gradually conciliated; and interest itself will find its own ends best promoted by compliance with the general will. Already some advance has been gained in this direction; and the Association, by perseverance, may yet see all its reasonable wishes accomplished.

In relation to other measures for elevating the character and increasing the efficiency of the profession, there appears to be nothing more at present for the Association to do, than to go on as it has begun. Its continued existence alone is a great good; for it is annually bringing large numbers, simply through membership in its body, to participate in its feelings, and to acknowledge its obligations. Let us then maintain unshrinkingly the standard of professional honor and morals that we have erected, and decline association with those who will not recognize that standard, or having recognized, abandon it. Let us adhere unswervingly to the line which has been drawn between regular and irregular medicine, and treat the practitioners of the latter with the silent disregard they merit. This is the only course for the regular practitioner. To wage a war of words with quackery, is to do what it most delights in. It would be to contend, under the government of honor and principle, with antagonists who acknowledge no such restraints. In our private intercourse with friends and patients, we may explain the grounds of difference between ourselves and the irregulars, may demonstrate the absurdity of their pretensions, the danger of their practice, and the



iniquity of their conduct; in short, may endeavor to enlighten wherever light is acceptable, or can penetrate. We may even, if the public interest seem to require it, put forth refutations of false doctrine and assertion, and exposure of subterfuge, trickery, and imposture; but with the irregulars themselves we should enter into no relation, whether of friendship or hostility. I do not say that there may not be honorable and honest, though ignorant or bewildered men among them. But we can not discriminate. With the presumed advantages of their association, they must be content to take also the disgrace.

There is a point to which I would call the attention of the members of the Association individually. We have been called *Allopathists*, in contradistinction to a sect of irregular practitioners who have taken to themselves the title of *Homœopathists*; the latter term signifying that its professors treat disease by influences similar in their effects to the disease itself; the former that *other*, and of course dissimilar influences are used. It must be remembered, that the designation was not adopted by ourselves, but conferred upon us by Hahnemann and his followers. The intention was obvious. It was to place the regular profession, and their own scheme, upon a similar basis. They practiced on one principle, we on a different and somewhat opposite principle. They graciously allowed that our principle was not altogether ineffective; that we did sometimes cure our patients; but theirs was sounder in theory and more successful in practice. Now, by recognizing the name, we necessarily recognize the principle also, and thus put ourselves in a false position. In deciding between them and us, the ignorant masses think they are deciding between two systems, neither of which they understand, but of which they must judge, upon the grounds of relative success. Diseases often get well of themselves, if left alone. The genuine homœopathist leaves them alone, and they often consequently terminate in recovery. This success is magnified by methods well understood; and multitudes are thus led astray, especially among the delicate and refined, who abominate the taste of medicine themselves, and are equally adverse to the task of forcing it down the reluctant throats of their children. But we are *not* allopathists. The regular practice of medicine is based on no such dogma, and no exclusive dogma whatever. We profess to be intelligent men, who seek knowledge, in reference to the cure of disease, wherever we can find it, and, in our search, are bound by no other limits than those of truth and honor. We should not hesitate to receive it from the homœopathists, had they any to offer. We would pick it up from the filthiest common-sewer of quackery; for, like the diamond, it has this excellent quality, that no surrounding filth defiles it, and it comes out pure and sparkling, even from the kennel. This is the light in which the medical profession should present itself to the community. We are men who have sought in every possible way to qualify ourselves for the care of their health. We present them, in our diplomas, the evidence that we have gained sufficient knowledge to be trusted with this great charge; and we stand pledged before them to extend our knowledge and increase our skill, as far as may lie in our power. Membership in our honorable profession is the proof we offer, that we are no

false pretenders, no interested deceivers; but upright men, intent on the performance of our professional duties. This the people can understand. But when we designate ourselves as *allopathists*, they may well ask, in what are you better than any other medical sect, than the *homœopathists*, the *hydropathists*, the *Thomsonians*, the *eclectics*? Let us discard, therefore, the false epithet. Let us not only never employ it ourselves, but show that, when applied to us by others, it is inappropriate and offensive, and that the use of it in future would be contrary to gentlemanly courtesy, and the proprieties of cultivated society. I say again, we are not *allopathists*; we are simply *regular practitioners of medicine*, claiming to be honest and honorable—in other words, to be gentlemen.

The efficiency of our profession is to be increased not only by increasing its qualifications, but also by all upright measures calculated to win the public confidence, and thus widen the field of our operations. In this respect, I do not know that the Association can do better than to persevere as it has begun; and, by the propriety and dignity with which it conducts its own proceedings, to show to the world the high influences under which the profession acts, and demonstrate that it possesses those qualities of self-government, so useful to the medical practitioner, and so characteristic of the gentleman in all his relations.

The improvement of the *science* of medicine, has always been a favorite object of the Association. The appointment of committees to investigate and report on certain stated subjects, the reception of voluntary communications, the offering of prizes to competing contributors, and the publication of our Transactions annually, are the means employed for this purpose, and I have nothing better to suggest.

The remaining point for consideration, is the promotion of the public good. Happily, such is the nature of our profession, that the more we improve ourselves, the better do we fulfill this great duty. But there is something else to be done. There are certain great interests of the community, relating to their health, of which medical men are the only good judges, and the various influences affecting which, they only can duly appreciate. Upon these points it is our duty to be ever on the watch, and not only, like faithful sentinels, to give notice of danger, but, like heaven-appointed agents, as we are, to use our best efforts and influence to prevent or remove it, and, in every practicable way, to guard the public health.

To the establishment of a general system of registration throughout the country, our attention has already been given. We should not relax our efforts, until the great end has been accomplished.

There is another subject deserving of our most serious consideration. You are all aware what advances have recently been made by the small-pox in many parts of our country. Thousands are perishing annually, for whose deaths we are, as a profession, in some degree accountable. There is no occasion for this mortality. Vaccination and revaccination, duly performed, and under proper circumstances, are, I will not say an absolutely certain, but a very nearly certain safeguard. I have never known of death from small-pox, after an efficient revaccination; and only one instance of the occurrence of varioloid. But the profession

and the community have both been too careless upon this point. Food for the pestilence has been allowed to accumulate; and it has been rioting with fearful results in many parts of our country. The profession should rouse itself from this apathy, and warn the community everywhere of the danger, while offering them the means of security. We may be accused of self-interest in urging this measure of precaution; as our own instrumentality may be necessary, and must be compensated where the means exist. But a moment's reflection must convince the most stupid, that it would be much more to our pecuniary interest to attend a protracted case of small-pox, than to perform a trifling operation, which is to prevent it. There are, however, many occasions, in which it is necessary to do our duty at the risk of obloquy; and this is one.

But perhaps I have been somewhat unjust to the profession. The people have in many places, and probably, in some degree, in almost all, chosen other guardians of their health, and rejected our offered aid. It has happened to me to become acquainted with one neighborhood, in which small-pox has recently prevailed; but not a single case occurred within the circuit of the regular physician's practice. Those families only suffered who had entrusted the care of their health to an empiric, who, for aught I know, may have been ignorant alike of small-pox and of vaccination. It is highly probable that many of those who now hear me could give a similar account of their own neighborhoods. The public should take this subject into their hands. Provision should be made, with legislative sanction, for universal vaccination. If the evil were confined exclusively to the negligent individual, the public might possibly have no right to interfere. But whole communities suffer, and government may and ought to step in for their protection. A man is prohibited by law from setting fire to his own house, because a neighbor's may suffer. Which is the greater evil, that our houses should burn, or our families perish with small-pox? It might be impossible in this country to establish a system of compulsory vaccination; but legislation might go far toward attaining the same end without this obnoxious feature. Time, however, does not permit me to follow this interesting subject in all its ramifications. I must content myself with having introduced it to your notice. If the profession can do nothing more, they can at least raise a warning voice everywhere; and this will be doing much.

I must close with begging you to excuse the length into which I have been drawn in the discussion of the important points that have engaged our attention. I intended to be very brief; but few men, when they have taken their pen in hand, can say to the flowing tide of their thoughts, "thus far shalt thou go, and no further." Allow me, in a few parting words, to thank you warmly for your attention, and to express the hope that our labors, during the present session, may tend to confirm the good that has been done, and to carry us still further onward in the great road of progress; so that, hereafter, the meeting at Detroit may be remembered as one, at which we may all be gratified and proud to have assisted.

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ORIGINAL COMMUNICATIONS.

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ART. I.—*Tincture of Veratrum Viride in the treatment of Cynanchie Trachealis*, by L. B. SLATER, M. D., Rochester, Illinois.

WE have long felt the necessity of an article in medicine which would more certainly control the fearful and alarming symptoms of Cynanchie Trachealis, than those usually resorted to by the profession, such as the various preparations of antimony, lobelia inflata, ipecacuanha, etc.; and having found such a remedy in the Tinct. of Veratrum Viride, we feel disposed to bring its virtues before the profession through the pages of the *Medical Observer*, by relating a case treated by it after all other remedies had failed, and nothing seemed to offer success but the operation of tracheotomy.

May 5th, 6 o'clock P. M., was called to a child of Mr. E., aged a year and a half; found him with catarrhal symptoms, accompanied with dyspnea and hoarse cough. Ordered ol. ricini as an aperient, and to take comp. syrup Scillae—the syrup to be given in sufficient quantities to produce emesis, if mucus accumulated in the bronchial tubes sufficiently to increase the difficulty of respiration.

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6th, 8 o'clock, A. M.—Child passed a bad night; bowels moved two or three times. The syrup had been given in emetic doses several times, to prevent the rapid accumulation of mucus in the bronchii, with but temporary relief. Inflammation seems to be passing down into the ramifications of the bronchii; pulse becoming very frequent. Ordered solution tart. antimonii every hour in sufficient dose to produce nausea, and occasionally emesis.

6 P. M.—Child becoming worse; congestion of the lungs supervening, had failed to vomit for several hours. Ordered a cantharides blister to be placed upon the breast and to take vinum antimonii 3i every fifteen minutes until it produces emesis. Took several doses, which failed to produce the desired effect, but passed off upon the bowels. Tried nearly all the usual remedies to produce emesis, but were all alike ineffectual. Child seems to be failing very fast; great difficulty of respiration; pulse very frequent and irregular. To be put into a warm bath.

7th, 6 A. M.—Child has not yet thrown off any of the mucus from the bronchii since some time in the day yesterday. The warm bath relieved it but temporarily; congestion of the lung severe; blister has drawn well; respiration still more difficult than yesterday. Tried various remedies to produce emesis, all of which failed as before; but little hope for the patient, unless some of the mucus can be expelled from the bronchii, of which they seem to be filled to their minutest ramifications. To take the following prescription:

R Sub Murias gr  
Pulv. Ipecacuanha, aa gr iij

Misce, and divide into chart No. iij,

one to be taken every three hours; between each powder to take tinct. veratr. viride gtt ij; called again in the evening; child had taken the third dose of the tinct. veratr. viride, which was beginning to produce vomiting; pulse reduced in frequency, and had become more regular. One hour later, efforts at vomiting increasing; throwing off large quantities of very tenacious mucus. One hour later, violent efforts to vomit continue; pulse slow and feeble; child sinking under the efforts to vomit; bowels frequently moved. Ordered tinct opii gtts ij, given in a little brandy, to day, which allayed the vomiting and stopped the discharges from the

bowels. Left directions if mucus accumulated, and the pulse became more frequent again, to give the tinct. verat. viride, as before, i. e., once every three hours until emesis takes place.

8th, 6 A. M. Child became worse about midnight, after which the tinct. veratr. viride was given as directed, of which the third dose had just been taken. Pulse becoming more slow again—one hour later child begins vomiting again. Discontinue the medicine, and if vomiting produces too great prostration, to take tinct. opii. gtts. ij. to be given in a little brandy toddy. Called at noon; child vomited a great deal of tenacious mucus, with more permanent relief than before; pulse still quite slow; to take the following prescription: sulph. quinia, grs. vj.; divide into three powders, one to be taken every two hours. Called in the evening. Child seems more comfortable; to take comp. syrup scillae 3 ss. every two hours; if mucus seems to collect again, or the pulse becomes more frequent, to take the tinct. veratr. viride as before.

9th, 6 A. M. Child spent a more comfortable night than previously; blister inclined to slough; applied the nitrate silver to prevent the sloughing; pulse not frequent; respiration easy. Called at noon; fever raising; to take tinct. veratr. viride, gtts. ij. every three hours. Called again in the evening; pulse not so frequent; heat of skin less; to take sulph. quinia to prevent recurrence of fever.

10th, 6 A. M. Child better; breathing free; no fever.

11th. Child doing well; bowels to be moved with oil.

The deductions which are to be made from the foregoing case are as follows: 1st. A great portion of the usual emetics, such as the antimonials, ipecachuana, chloride of sodium, and various other articles had been ineffectually tried, before the tinct. veratr. viride was made use of, and the tinct. veratr. viride proved successful in vomiting the child whenever made use of, and not only did it prove successful in producing emesis, but answered the the two-fold purpose of producing the much desired effect as an emetic, and controlled the action of the heart and arteries; thereby lessening the inflammation of the mucous tissues, and consequently preventing the rapid accumulation of mucus in the bronchii.

2nd. We think the tinct. of veratrum viride can be confidently

recommended in the treatment of Cynanchie Trachealis, after the stomach has proved insensible to the action of all other emetics. The only objection to its use is that it requires about seven hours to obtain its effects, therefore, in cases requiring an immediate emetic to expel the mucus from the bronchii, other more active remedies should be resorted to before giving the tinct. veratrum viride; but we would recommend it in all cases accompanied with very frequent, irregular pulse, and disposition to a reaccumulation of mucus in the bronchial tubes.

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ART. II.—*Dislocation of the Os Femoris*, by W. H. SCOBEE, M. D.,  
of Hamilton, Ohio.

Wishing to extend as much as possible the great discovery of our countryman, Dr. Read, for the reduction of dislocated Femur, I send you the following case—premising that *no credit* is due me; I followed, as near as I could remember, the directions given by Dr. Fountain, of Davenport, Iowa, in his communication to the *New York Medical Journal*.

June 17th, 1856, D. L., aged 40, an Irish laborer, while engaged in felling timber, was in danger of being caught in the branches of a falling tree—made a violent effort to extricate his foot from its fastness; the weight of his body was thus thrown upon the hip joint. Dislocation upon the illium was the consequence.

I saw him, six hours after the accident, in consultation with Dr. Wyman, patient lying upon a straw bed, on the floor of his cabin, the head of the bone high on the illium, the Troc. Maj. prominent, knee and foot turned inward, toes pointing against the instep on the left limb.

Dr. Wyman, fearing that he might fail in the reduction, (single-handed as he was, save an ignorant Irishman,) had made no effort. Morphine, in liberal portions, had allayed pain.

I determined to attempt the reduction by Read's method. I requested Dr. Wyman to make gentle pressure downward and forward, upon the head of the bone, while with coat and vest off, I took the foot in my right hand, grasped the knee with my left. I flexed the leg upon the thigh, carried the knee and thigh over

the sound one, and up as high as the umbilicus, keeping it down upon the abdomen. I made depression upon the knee, at the same time turning up and elevating the heel, the bone slipped into the socket.

Time required, not a quarter of a minute, and a child of ten years might have employed all the strength required.



ART. III.—*Case of Intermittent Peritonitis*, by G. A. KUNKLER, M. D., of Madison, Ia.

During March of the present year, I was called to attend Mr. R., a young man, aged about 22 years. The patient, I was informed, had complained of a severe rigor, at about eight o'clock in the morning, which was shortly followed by a violent pain in the abdomen, severe nausea, and vomiting of bilious matter. He took an anodyne and went to bed; in about six hours the symptoms became so violent, that aid was called for. On examination, he presented all the symptoms of a violent attack of acute peritonitis—such as acute pain over the whole abdomen, which was hot, tense, tympanitic, and extremely tender on pressure, scarcely bearing the weight of the bed-clothes. There was severe nausea, and occasional vomiting of bilious matter; the tongue was moist, and slightly covered with a white fur; great thirst, hot, parched skin, hard and frequent pulse, anxious countenance, etc. He was bled twelve ounces immediately, and one grain of calomel, with two of opium, was ordered every hour until the symptoms became ameliorated, warm fomentations over the abdomen, oat meal gruel for diet. During the night, he was cupped over the abdomen, followed by warm fomentations. On the following day, the patient was perfectly free from pain; he had perspired profusely. He was put on a spare diet, and not allowed to get up. On the following day, at eight o'clock, precisely the same symptoms, which had appeared two days before, presented themselves, being ushered in by a violent rigor—the succeeding symptoms being equal in violence to the first attack. The treatment was substantially the same as before. In the night, he again got better, and on the following morning, after sweating profusely, he was



apparently convalescent, having had free alvine evacuations, abdomen only slightly tender to the touch, craving for food, etc. The patient remained free of every symptom for two days. On the third day, at the same hour as on the two previous occasions, all the signs of peritonitis again appeared, with the same violence, although the patient had not exposed himself in any respect, either in diet, or otherwise. Being desirous to determine what effect quinine would have in checking the paroxysms, coming as they did, with such periodicity, I ordered the patient three grains of quinine, with one-half of opium, every two hours, and to abstain from food, and apply warm fomentations to the abdomen. The result was quite satisfactory. The symptoms disappeared in the course of the day, and never returned, the patient taking for several days, small doses of quinine, with pil. hydrarg.

The above case I consider a fair example of one of those anomalous, obscure forms of masked intermittents, which are occasionally met with in practice. I will here remark, that in the fall of the past year, I had treated this patient for an obstinate double-tertian ague, of over three months' standing. Although the symptoms were unequivocally those of peritonitis, which could not be mistaken by any experienced observer, I think it probable that it was nothing more than a masked intermittent.

It is not at all uncommon to see the hot stage of ague present phenomena in the head, chest, or abdomen, bearing all the marks of violent inflammation in those parts, which are at once dispersed by the termination of the paroxysm.

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ART. IV.—*Prof. J. Locke: Last Illness.\** By C. G. COMEGYS, M. D., Prof. of Institutes of Medicine, Miami Medical College.

About the middle of June, I was called to Dr. Locke, in consultation with Dr. M. B. Wright.

Owing to some error in regard to the appointed time, my visit

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\* [It is proper to state, that this very interesting communication from Dr. C. was on hand last month, but was crowded out of the August number, though we took the liberty of using a paragraph from it, in reference to the *post-mortem* appearance of Dr. L.—Eds. Obs.]

preceded Dr. Wright's for nearly one hour. This gave me an opportunity for an interesting interview. I found Dr. L. laboring over the preparation of a report on an extended geological survey, from which he had recently returned, in Western Virginia. He appeared to be in a state of great exhaustion, which I attributed to overtaxed mental and bodily powers.

He informed me that he had gone to this survey for *relaxation* and improvement of his health; but had found the country exceedingly broken, and no steady supply of means of conveyance from point to point, so that he had been subjected to much fatigue and exposure. Besides, his food had been chiefly "corn-dodger" and pickled pork, which he not only disliked, but his stomach had not been able properly to digest it. At last, he was obliged to abandon the field, and in such exhaustion, that he was floated to Charleston on the Kanawha river, in a canoe. This extraordinary season of fatigue and exposure undoubtedly brought his condition to a crisis. It was the straw, as Mrs. Locke remarked, that broke the camel's back!

I found upon his table a large, wide-mouthed bottle, containing heads of birds, and snakes, bird claws, etc., preserved in alcohol. These were some of the conquests of his researches in natural history, during the campaign. Two specimens he explained to me; one the head of an undescribed variety of wood-pecker, whose harpoon-pointed tongue was attached by its root to the base of the occipital bone, and extended over the rotundity of the cranium, before passing into the cavity of the mouth, thus affording him great power of elongation, to search deep worm holes, pierce his prey, and bring it forth. The other was a peculiar, serrated arrangement of the claws of a wader, or crane, which enabled it to hold very firmly the fish, while he devoured it. I merely mention these matters, to show, that the deceased, true to his character as a profound naturalist, made tribute of every object about him to extend the area of natural science.

Dr. Wright and myself arrived at the same conclusion, that he was prostrated by excessive labor, the result, to a great extent, of an imperfect digestion. There was some difficulty in breathing, which he had long been laboring under. He was carefully auscultated, too, both lungs and heart, and nothing observed to

explain this peculiarity. We agreed, therefore, to give him a tonic and supporting course generally.

We continued to see him regularly every day, for nearly two months—till, in short, the closing scene.

We proscribed his mental labors, but as he was not willing to be unoccupied, we consented that he might have scientific reading, and he chose "Cuvier's Natural History" and McCosh's new and valuable work on "Typical Forms and Special Ends in Creation." He also referred constantly to medical works, and kept a copy of all our prescriptions.

He grew worse in the most gradual manner, from day to day. His difficult breathing increased—that is, his respiration was regular for a short time, and then a pause would occur, as if the breath was held purposely, and then hurried breathing would be induced as rapidly to supply the lungs with air. Sometimes, this peculiar breathing would seem to be spasmodic, and was referred to asthma. His appetite was irregular, and so also the bowels. The urine was occasionally abundant, and then scanty. Examination showed no abnormal element, and the amount of solid was about right—exhibiting no rapid disintegration of tissue, nor destructive assimilation of food.

Two important changes were manifested very soon; one a very considerable enlargement of the liver, extending with a regularly defined margin, a hand's breadth below the lower line of ribs and cartilages. Edema of the lower extremities now began to take place, which we attributed to the pressure of the enlarged organ upon the ascending cava. No effusion occurred into the peritoneal cavity at any time, nor was there any but occasional edema of the sub-cutaneous tissue elsewhere. Both legs swelled enormously, and the urine became scanty; but diuretics acted promptly, and relief was obtained. The anasarca disappeared entirely before his death, and so also the enlargement of the liver disappeared.

The other change referred to, was the failure of his mental powers. This is the most melancholy feature of his case. Upon the scenes of early life, and his past toilsome labors, as a man of science, he seemed to dwell. His thoughts were not so incoherent as they were disconnected with his present condition. His

great mind was confusedly reviewing past, and devising new and difficult problems, while he supposed himself in different scenes, and astray under varied circumstances.

It would be needless to detail changes from day to day, and the varied treatment to which he was subjected.

Circumstances did not allow me to see the entire *post-mortem*. There was no disease of the heart or lungs, but the heart and entire arterial system was at least one-third larger than usual. The liver presented considerable indications of disease, but was not particularly enlarged. The kidneys were diseased in their cortical portion—congested and apparently granular, but only softened; they were about the usual size. No tests exhibited albuminous urine when he was alive, though at one time a slight amount of bile was shown by the nitric acid test.

The brain exhibited conditions of softening in the middle and posterior lobes of the left side. The remarkable feature of the organ was its weight, fifty-six ounces, much more than the average, and the depth of its convolutions, which were fully one and a quarter inches—the average is perhaps half an inch—thus giving an enormous extent of peripheral surface, which accounts for his extraordinary tenuity of thought, as well as general large powers of mind.

Thus has passed away, far too soon for science, a great mind—among the first in philosophy in our country, and in the world. He has honored this nation in all civilized lands. Upon whom has his garment fallen? Our venerable and distinguished men are passing away. We should not call them back, after the toils and cares of life—they have died in hopes of bliss beyond the grave. Let those of us who remain yet in the prime of life, emulate their zeal for science—their characters as virtuous and estimable gentlemen.

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*Appointment of Dr. Willard Parker.*—The governors of the New York Hospital have filled the vacancy in the surgical staff of that institution, occasioned by the resignation of Dr. J. C. Cheeseman, by the appointment of Prof. Willard Parker. Dr. Parker has been for some years one of the surgeons at Bellevue Hospital, a post which he will doubtless now resign.

## MEDICAL SOCIETIES.

ART. V.—*Proceedings of the Montgomery County Medical Society*, concluded from the August Observer.

## AFTERNOON SESSION.

DR. CARRY read the following paper on *Sulphate of Cinchona in Intermittent Fever*:

Intermittent Fever has been of unusual occurrence during the past spring. It is the settled conviction of those who, from their long residence in the Miami Valley, are best calculated to form accurate conclusions upon this subject, that the disease never has been so general at any preceding period of the same season. I do not know that the affection has presented anything peculiar, to entitle it to special consideration; unless it be an extraordinary proclivity to return on the seventh, fourteenth and twenty-first days, after the paroxysms are arrested. As a general remark those persons who during the preceeding fall suffered from some form of miasmatic disease, have been most obnoxious to ague during the past quarter. I have treated three cases, however, all young persons, since the first of April, who never at any former period suffered from any form of periodical disease. Without exception, to my knowledge, the disease has been mild in character, and yielded promptly to the usual methods of medication.

Being somewhat conservative in medicine, I have ever been contented with the action of quinine in arresting the paroxysms of ague. At all times, when judiciously administered, it has accomplished everything that the most sanguine could anticipate from the operation of any remedial agent. I have, therefore, until recently, seldom used any other than the above antiperiodic. Out of personal curiosity, and to satisfy myself, if possible, of the existence of a remedy that would so influence the human economy, as to interrupt the concatenated action resulting in the re-appearance of ague fits, when once established in the system, I have been led to the use of the sulphate of cinchona, with the following results:

During the month of June, *ultimo*, I prescribed the *sulphate of cinchona* in nineteen cases of Intermittent Fever; and in every single case, it proved successful in arresting the paroxysms. I at first prescribed thirty grains to be taken in divided portions during the interval of the paroxysm, but found that amount too great for ordinary patients. I now give it in quantities of a scruple, which in no instance has failed to arrest the disease. In one case—a female, seven and a half months pregnant—ten grains interrupted the ague. I have prepared the system of patients just as though I intended to prescribe quinine, and gave the cinchona in the same manner and dose as the former remedy. In no instance has the agent under consideration, failed to operate as promptly and successfully in arresting the paroxysms, as if an equal quantity of sulphate of quinine had been administered.

Evidence of the constitutional action of the agent thus used by patients, has been more decided and was present in a greater proportion of the cases, than I have observed to follow the use of quinine prescribed under similar circumstances, and in equal doses. In one case, twenty-five grains taken in twenty-four hours, produced dimness of vision, and a disagreeable sensation of vertigo and impending syncope. In another one, a plethoric pregnant female, cinchonism supervened after ten grains had been taken, and was followed by a half drunken state for several days. About one half of the persons to whom this remedy was prescribed by me, exhibited deranged vision, hearing or sensation, evidences of the constitutional action of the agent. In two instances, a slight chill followed in regular order, after twenty grains of cinchona had been given; but was not attended by any other paroxysm at that time.

The result of this brief experience with cinchona, has not satisfied me of the superiority of the agent over quinine in preventing a recurrence of the paroxysms at stated intervals. Three of the above cases have already presented themselves for more *ague medicine*, having had a return of the disease. In my opinion, the only sure way to arrest the recurrence of Intermittent Fever, when a periodicity is once fairly established in the system, is to anticipate the paroxysm for several days, by the use of some efficient anti-periodic remedy. If the *habit to shake* on the seventh,

fourteenth and twenty-first days, is for several periods in succession interrupted, a fair chance is furnished the patient to recover; provided he lives regular, and avoids the usual exciting cause of the disease. But these precautions and remedies will not uniformly secure the desired purpose; and when this is the case, in addition to the above, some tonic or stimulant should be daily made use of; the particular article to be determined upon by the indications of the case.

But not unfrequently, in miasmatic districts, some persons fail to be cured, when all of the above precautions and agents are used in the most persevering manner; and when they do escape disease, if it be at all, it is after the affection literally exhausts itself upon the economy. Such cases are humiliating to our profession and are calculated to bring reproach upon the art.

The above facts concerning the action of sulphate of cinchona, may be of interest to those who buy quinine at from three to five dollars per ounce, to give away. They can always obtain cinchona at one-third the rate of quinine; and if any inference can be drawn from the action of an article in so limited a number of cases, I would say that cinchona is as prompt and efficient in arresting the paroxysms of Intermittent Fever as quinine.

Dr. Reeve made some remarks on the paper. He thought any effort to obtain a substitute for quinine a laudable one, from the expense of this medicine, and from the probability of a failure of the supply. He had been acquainted with a young South American, from the region of country where the bark was obtained, who had informed him that no efforts were being made to cultivate the tree, while the extent of country that supplied it was comparatively small. He deemed this reliable, as being from a resident of the country, and because his informant had, a few years ago, written an article on this subject, for the *London Pharmaceutical Journal*, which had been copied into several other medical journals, and had been highly spoken of. Although this medicine was derived from the bark, yet it tended to economise its use by taking advantage of another of its elements.

Dr. Brennan could not sustain the conclusions arrived at in regard to this medicine by Dr. Carey. He had used it during last and the present summers, but had not found it reliable in

breaking the paroxysms of the disease, although he had used the same preparatory treatment as when he gave quinine. He related an instance where a patient had a severe paroxysm of intermittent fever, notwithstanding having taken twenty-five grains of the sulphate of cinchona on the day previous.

Dr. Denise's experience had been favorable to the remedy. He had administered it in six cases with a successful result in every instance. In one case, the dose was fifteen grains in solution with tannic acid; the same quantity repeated every seven days for a month. In another, ten grains with the same quantity of camphor in pills, on one day, and fifteen grains of each on the next day. From these and the other cases, he believed it to be as prompt in its action as quinine, and more reliable in regard to preventing the return of the paroxysms. He thought it useless to give anti-periodics from day to day, to keep the disease from returning. To be efficacious, they must be administered so as to affect the nervous system just previous to the time of the expected return. The remedy deserved consideration from the profession, too, on account of the price, the sulphate of cinchona being so much cheaper than quinine.

Dr. Davis had not used the remedy much; from what he had seen of it, thought it the same in its effects as quinine, but of feebler powers. In intermittents, occurring early in the spring, and which yielded readily to remedies, he thought it would do as well as quinine; but in those of summer and autumn, did not think it would answer as a substitute for quinine.

Dr. Coons spoke at some length on the subject. He thought the question was now of more importance than ever, last season having been unprecedented for the prevalence of malarious diseases. The important thing with the public was not, if we could break the paroxysms, but if we can cure the disease. This he did not think we could do, so long as the *cause* which first produced it was still in operation, and was of such a nature that we could not remove. The *cause*, continuing, the disease would return as well after sulphate of cinchona, as after quinine. We needed a substitute for the latter, on account of its price, which was of importance, where we have to give away so much of it. The value of the quinine used in the United States every year, amounted to a million and a half



of dollars. So far as he had used the sulphate of cinchona, he had found its effects good—had never known it fail where he had tried it, and he alluded to the experience of Dr. Welles, as published in the *Observer*, and of that of others in favor of the remedy. He gave the preference to the sulphate of cinchona over every other substitute for quinine now before the profession.

Dr. McDerment had given the remedy a trial on account of the price, as he had tried many other things as substitutes for quinine, but had not yet found anything to answer that purpose. He had used three bottles of it, and believed it to cure intermittents, in so far as it contained the same principles as quinine; but he had found from his experience that it required so much more of it to produce the same effect, as to be no cheaper than quinine, while the latter was more efficient and more reliable.

Dr. Reeve then read his essay on the "History of the Discovery of the Circulation of the Blood."

Dr. McDerment took exception to a statement incidentally made in it, that Servetus was burnt at the stake by John Calvin. He said it was a slander which had been promulgated by Calvin's enemies, and refuted by his friends.

Dr. Reeve stated his authorities to be "Renouard's History of Medicine," the "History of the Discovery of the Circulation of the Blood," by P. Flourens, the "New Cyclopedia," of which John Mason Goode was chief editor, and "Dyer's Life of Calvin." He would not occupy the time of the Society on a question not properly belonging to it, by giving the various statements and proofs these authors gave.

Dr. Carey then read a long paper upon "Cephalic Version." He gave its history and a description of the process, with a case which had fallen under his own observation, where it had taken place, the child being between seven and eight months advanced. He compared it as a means of assistance, in cases of transverse position of the child, with podalic version—gave copious extracts from authors on the subject, *pro* and *con*, and concluded that when the accoucher could choose his time, it was practicable, and far safer in its results, especially to the child, than turning by the feet. He concluded with relating a case in which he had performed the operation.

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On motion, the debate on the subject was adjourned to the next meeting.

The President appointed Dr. H. F. Kochne, of Dayton, essayist, and Dr. E. Barkalow, of Miamisburgh, alternate, for the next meeting.

J. C. REEVE, *Secretary*.

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ART. VI.—*Quarterly Meeting of the Jay County (Ind.) Medical Society, July 7, 1856.* By E. M. MORRISON, Secretary.

The Society met at Portland, pursuant to notice, the President in the chair.

Drs. R. E. Schoolfield and S. H. Moore, of Fairview, D. S. Stanton, of Portland, and L. S. Lenhart, of Salamonie, were duly elected members of the Society.

The chairman of the Committee on Typhoid Fever having moved away, Dr. E. M. Morrison, on motion, was continued as said Committee, to report at next meeting.

The Committee on the History and Practice of Medicine in Jay County, asked to be continued till the October meeting, which was granted.

Dr. Wm. R. Hamilton, from Committee on Malarial Diseases, made an elaborate report, which was ordered to be placed on file.

Dr. J. Williams, from Committee on Anti-Periodics and their Modus Operandi, made a brief verbal report, in which he claimed that this class of medicines do not neutralize the morbid agent in the blood, but they act specifically on the brain and nervous system, increasing the nervous power, and thereby counteracting the paroxysms of periodic diseases, till the recuperative powers of the system have time to rally and throw off the virus, or eliminate the agent from the blood.

Dr. Snow claimed that these remedies act on the blood, by improving its character, and removing the morbid agent therefrom. He was not positive that the primary action was not antagonistic, increasing the power of resistance, but he was sure that a repetition of the remedy would remove the morbid agent.

Both expressed their preference for quinine, and Dr. Williams was in the habit of using it in large doses, "*per rectum and*

*endermically*," unless there was much gastric irritability, with good results. Dr. Snow thought chinoidine was injurious to the digestive system.

Each member was requested to report cases from his own practice, at the future meetings of the Society.

Dr. Williams related a case, in which intestinal worms protruded through the abdomen, near the umbilicus, of which we hope to see a written report at our next meeting.

Dr. Morrison related a case of prolapsus ani. The patient, an old man, had never been affected in this way before. He had a chill on the Saturday previous to my visit on Friday last, and on Sunday, he took seven large pills of chinoidine. His bowels were not moved till Thursday, when, upon taking seven or eight tablespoonfuls of castor oil, he had a copious discharge, and the seven pills, as he told me, were discharged, almost undissolved, from the bowels, and he was left in the condition above named, having had no chill after he took the pills. Now, could these pills have had anything to do in producing this constipation and prolapsus? And how did they arrest the chill, if at all?

Upon motion of Dr. Watson, Dr. J. Williams was chosen to deliver a lecture at the next meeting of the Society, on some subject pertaining to the profession.

Dr. C. S. Arthur then moved that the next meeting of the Society be held at Camden, on the first Monday in October next, at 10 o'clock, A. M. Carried—whereupon the Society adjourned.

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*Medical Journals in the City of New York.*—The N. Y. Daily Times of last week says: "The rumor goes that Dr. Purple's *Journal of Medicine and the Collateral Sciences*, whose July number has not yet been issued, is not to be discontinued. The *Medical Times*, edited by Dr. Bulkley, will continue until the end of its current volume, after which it will be united with the *Journal*, and the twain will be edited by Messrs. Purple and Smith. Rumor further adds, that the friends of these journals have contributed \$1,000 to keep them going. We are glad of it; for they furnish, during the year, a good deal of valuable professional reading."

## REVIEWS AND NOTICES.

ART. VII.—*The Microscope and its Revelations*. By WILLIAM B. CARPENTER, M. D., F. R. S., F. G. S., etc., etc., etc. With an Appendix, containing the applications of the Microscope to Clinical Medicine, etc. By FRANCIS GURNEY SMITH, M. D., Prof. of the Institutes of Medicine in the Medical Department of the Pennsylvania College, etc. Illustrated by four hundred and thirty-four engravings on wood. Philadelphia: Blanchard & Lea, 1856.

IN introducing this beautiful new book of Dr. Carpenter's to the notice of the profession, we scarcely know where to begin to speak of it. We have taken it up, again and again—now following up the illustrations, which embellish and enrich it so profusely—now dipping into page after page of the subject matter. In all that pertains to it, we find abundant evidence of the mature judgment, the severe and careful pruning, and the unending research and completeness, that is enstamped on every literary undertaking that comes from the hand of Carpenter.

This work had been promised, and was expected some time since. The author, in his preface, alludes to this promise, and apologizes for the delay. This, however, is not a matter of particular interest to our readers, who simply wish to know that which we shall endeavor to tell them in very few words, how far "*The Microscope and its Revelations*" will serve as a hand-book and guide to the amateur microscopist.

In the introductory chapters of the book, Dr. Carpenter has not only given the philosophical principles of the microscope, but he has given its minute construction in all its details, and as a complete instrument; he has also given the peculiarities of a large number of the best microscopes, with wood-cut illustrations of them, pointing out at the same time the excellencies and adaptation of each variety of instrument. And then all the little accessories, with which the operator should be provided, are described with care and minuteness. Chapters IV. and V. are upon the management of the microscope, and upon the collection and preparation of objects. The most complete directions are given as to the arrangement of the instrument, the position of light, the arrangement for different objects, as transparent and opaque,

the preparation of varnishes, cements and cells, preparing objects for observation and preserving them.

The student or amateur being thus prepared with all needed apparatus, being schooled in the management of his instruments, and instructed in the mode of collecting, preparing and preserving objects of study, is now ready for the next dozen chapters, which prove to be a series of *microscopic studies*, elementary to be sure, but of such extent and character, as to lead the student through a wide and delightful range of observation in the various departments of Natural History—microscopic forms of vegetable life—studies of the microscopic structure of algæ, lichens, fungi, mosses and ferns—elementary vegetable tissues—structures of cuticle, leaves and flowers. A like series of observations upon the elementary forms of animal life—studies of sponges, zoophytes, echinoderms, worms, crustacea and insects. Ascending in the scale of animal life, we have studies of the microscopic structure of those very important and interesting primary tissues, the bone, teeth, hair, blood, skin, mucous and serous membranes, epidermis, fat, cartilage, glands, muscle, nerve, circulation of the blood, etc., etc., etc. Two chapters are taken up with microscopic studies of geological and mineral objects; thus rendering the whole a complete elementary guide-book into the realms of every department of Natural History.

What then is necessary to constitute this new work of Dr. Carpenter complete for the wants of the American physician? Exactly what is incomplete has been judiciously added by the American editor, Dr. F. G. Smith—to wit: an appendix containing a summary of the “applications of the microscope to clinical medicine.” Dr. Carpenter had omitted this important feature from the original work, because his object was the preparation of a work rather for the general microscopist, than the pathological inquirer. This portion of the American edition, however, will add much to its value on this side of the Atlantic.

Microscopy has been cultivated to a great extent for a few years past, and is not only a valuable means of scientific research, but is also a healthful and pleasurable source of recreation. We commend its further cultivation to our readers. Physicians in the country, cut off from many of the resources of professional

intercourse and emulation, will find in this a delightful means of whiling away many a leisure hour, and of justly contributing to their professional standing among their neighbors. Who have we in the West, prominent as a microscopist? Who in this great Queen City are devoting their spare hours to microscopic studies and investigations?

For sale by H. W. Derby. Price \$4.

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ART. VIII.—*A Practical Treatise on the Diseases of the Testis, and of the Spermatie Cord and Scrotum.* With numerous wood engravings. By T. B. CURLING, F. R. S., Surgeon to the London Hospital, etc., etc. Second American, from the second revised and enlarged English edition. Philadelphia: Blanchard & Lea, 1856.

THIS valuable work on diseases of the Testis, first made its appearance more than twelve years ago. In that time, a very large proportion of the active members of the medical profession have entered its ranks, and therefore to very many, perhaps to most of our readers, excepting such as have, from some special necessity been required to make a study of these diseases—the book of Mr. Curling is as much a new one, now, as upon its first appearance.

To such readers, therefore, it is proper to say that this “admirable monograph has been the standard authority on its subject, ever since its first appearance, some twelve or thirteen years ago.” The present American edition retains the original anatomical introduction, omitted in the late London edition, together with all the additional facts and suggestions accumulated in the inquiries and experience of the author. This edition has been under the editorial supervision of Dr. W. H. Gobrecht, at whose suggestion some additional illustrative engravings have been given, and some notes and cases. Without giving in detail the topics treated in this work by Mr. Curling, it is sufficient to say they embrace the whole range of the anatomical structure and relations of the parts, and the diseases to which they are incident. The book is beautifully printed, and the illustrations excellent. In this last respect, we take occasion to express a regret that while American publishing enterprise has greatly improved the beauty and artistic excellence of wood-cut illustrations, we are

behind our English neighbors in this particular. We trust we shall not continue so.

For sale by Moore, Wiltach, Keys & Co. Price \$2. ‡

ART. IX.—*The Dissector's Manual of Practice and Surgical Anatomy.* By ERASMUS WILSON, F. R. S., author of a *System of Human Anatomy*, etc. The third American, from the last revised London edition. Illustrated with one hundred and fifty-four wood engravings. Edited by WILLIAM HUNT, M. D., Demonstrator of Anatomy in the University of Pennsylvania. Philadelphia: Blanchard & Lea.

THE established reputation of Wilson's Dissector as a guide-book in the prosecution of Practical Anatomy, is such as to leave but little necessary or proper to say, by way of book notice. The present is a new American edition, under the supervision of Dr. Hunt, of the University of Pennsylvania. It is brought out with all the mechanical and typographical beauty of Blanchard & Lea's publications. It professes to be "much enlarged," to be "somewhat modified" from the other editions, and that "new cuts have been added, illustrating important subjects."

For sale by Moore, Wiltach, Keys & Co. Price \$1.50. ‡

ART. X.—*A Review of the Present State of Uterine Pathology.* By JAMES HENRY BENNETT, M. D., Member of the Royal College of Physicians; Physician Accoucheur to the Royal Hospital; formerly House Physician (by concours) to the Hospitals St. Louis, La Pitie, and La Salpetriere, Paris; author of a *Treatise on Inflammation of the Uterus*, etc., etc. Pp. 75. Philadelphia: Blanchard & Lea, 1856.

THIS Review was written for the purpose of defending the doctrines of its author on the subject of Uterine Pathology, and contains a very fair view of that side of the question. It is well known, that physicians have been somewhat divided on this subject, and the extremes have sometimes not manifested the best of temper. We are now settling down nearer to the truth than formerly. Prejudices and errors are being overcome, and a just appreciation of the whole subject is near at hand. We would advise every physician to procure and study Bennett on Inflammation of the Uterus; Whitehead on Abortion and Sterility; West on the Os Uteri; Tyler Smith on Leucorrhœa; Tilt on Menstruation; and this Review. Whoever does this well will have a very fair statement of the question, and can without difficulty

discover the true position of the subject. That we have made great progress in this department of pathology and practice, no one will deny; and that we are under great obligations to Dr. Bennett is equally certain. Diseases of the female sexual system can now be treated on rational principles; each manifestation of diseased function traced to its proper cause, and the remedy indicated applied. Specifics, or rather empirical remedies, for Amenorrhea, Dysmenorrhea, Prolapsus, Sterility, etc., will be banished, and the pathological condition will modify the therapeutical applications.

We can therefore recommend this Review to all who are disposed to inform themselves fully upon the subject of uterine pathology.

For sale by Moore, Wiltach, Keys & Co. Price \$3. \*

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#### CORRESPONDENCE.

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Boston, August 4, 1856.

EDITORS OBSERVER: It is now the season of the year which calls for the enforcement of the most rigid sanitary regulations in our cities and large towns. The guardians of Public Health should be men of enlarged views, and thoroughly conversant, so far as possible, with the causes of epidemic diseases, and the best methods for their prevention and removal. It seems to be the general conclusion of the most eminent sanitarians, that a large amount of sickness and death might be prevented by proper sanitary measures, and that epidemics are, to a great extent, under the control of human agency.

The elaborate English Reports, with their accumulated statistics, and the history of the epidemics in many of our Atlantic cities, fully establish this fact.

From such a point of view, the subject becomes one of vital importance to every person; for, in proportion as you elevate the sanitary condition of a community, you not only stay the tide of disease and death, but crime, immorality and poverty are diminished on the one hand, while on the other, life is prolonged, suffering is arrested, the standard of health elevated, and the moral and



social condition of mankind made better. Let the duties of our officers of health be duly appreciated, and their laudable efforts be seconded both by municipal and personal aid. I have been led to these remarks by an examination of a Report of the Census of Boston for 1855, with some "analytical and sanitary observations," appended by Josiah Curtis, M. D., of this city.

With Cochituate waters carried to all parts of the city, cleanly streets, a good drainage, and vigilant officers, the health of Boston, for the last few years, has been considered quite satisfactory. Yet, Dr. Curtis, by his indefatigable researches, upon this subject, and his thorough examination into all the remarkable causes of disease, proves conclusively that many lives have been unnecessarily sacrificed, sickness endured, and that the bills of mortality have been far beyond what they should be. He points out what localities need more sanitary attention, where the weight of mortality falls, the expenditure for the sick, the loss of life, the collateral evils attendant from crowded apartments (the "hot-beds" of pestilence) and the hygienic means for the promotion of the Public Health. I will not attempt to illustrate all of these points—but a few quotations, upon one or two, will suffice.

"On pages 61, 62 and 63, we shall notice that a very large proportion of the deaths, both in Boston and in the whole State, were from epidemic diseases, and those which are peculiar to persons of early ages." It is also shown, that many of these diseases were produced by removable causes, "hence, they were, to a great extent, under the control of government." Again, "We have shown on page 58, that the weight of mortality in Boston, fell chiefly on certain much-neglected portions of the city, particularly wards seven and eight. Had the whole city been as healthy as ward six, ° ° ° nearly two thousand lives would have been saved in the single year of 1855."

As this "was comparatively a healthy year," and "no unusual epidemic prevailed," you will readily see "what would have been the case in a year like that of 1847 or 1849, when epidemics swelled the mortality to 3.10 and 3.79, instead of 2.45 per cent." The mortality in five wards was considerably less than *two per cent.* "We therefore feel fully justified in assuming *two per cent.*, or one death to fifty of the population, as a safe estimate to which the

rate in our city might *easily* be reduced. \* \* \* Now, if all over two per cent. of the mortality in Boston is preventable and unnecessary, and no one who will examine the subject, will for a moment question the fact; then there have occurred *annually*, during the five years since 1850—a more healthy period than the preceding five years—no less than nine hundred and ninety-four unnecessary deaths, making a total of four thousand nine hundred and seventy. I need not expose the sad picture of widowhood, orphanage, etc., which must have followed the above facts, nor the vast number of cases of preventable sickness that might be avoided annually in this and every other city. In the language of a writer, “It costs more to permit disease than to prevent it.” What is true of Boston, is also true of other cities. We have a population of about one hundred and sixty-five thousand, and the greatest mortality appears in the most crowded sections. The subject of model lodgings is exciting considerable interest at present. A number of dwellings are now in the process of construction upon this principle. The results obtained in many districts of London and other cities of England, where model houses have been provided, are of the most cheering character, in lessening the mortality and annihilating typhus, the scourge of that country. The subject of sanitary reform is exhaustless, and we are glad to notice a growing interest in it in the public mind.

In the year 1796, a charitable institution was founded in the town of Boston, by certain individuals, for the purpose of giving medical advice to the poor, under the name of the *Boston Dispensary*. In 1801, this institution was incorporated, and has been subject to some changes from time to time. Of late, it has been reorganized, upon a plan adopted in many cities, to meet more fully the wants of that class of citizens for which it was founded. The following is an outline of its organization: A large and commodious building has been opened near the center of the city, for the reception of surgical patients requiring operations, etc. To this central office are attached four attending physicians and four attending surgeons, who perform service alternately; so that patients who can go to the office, may receive either medical or surgical advice and medicine daily, except Sundays. The city is divided into eight districts; for each there is a physician

apothecary appointed—the former visits patients at their homes, when unable to go to the central office.

There are also two consulting physicians and two consulting surgeons, to be called whenever the medical officers of the institution may want further assistance. Reports of cases are kept, so that a *coup d'œil* may be at once taken of all that presents any medical interest. The institution is under the immediate care of a Superintendent and a board of twelve Managers. Long may it survive, to dispense its charities to all who may need its assistance!

The application of ice as a "freezing mixture," in the extirpation of tumors, and in many minor surgical operations, has attracted the attention of the profession for some time. We have used it on several occasions, with the best results. Some of our dentists are making quite a havoc among the *molars* and *bicuspsids*, at present, in the way of extracting them without pain, after the use of the "freezing mixture." We were shown to-day the method of using it, by Drs. Cumming and Flagg. A tube about four inches long, and three-fourths in diameter, with one end constructed something like the thyroid cartilage of the larynx, deprived of its ascending cornuae, is used to contain the ice. This end is covered with a delicate membrane. The mixture is put into the other, and upon this a coil of wire. The membranous portion is then adapted to the tooth and both sides of the gum. The coil of wire expanding, the ice is pressed closely about the parts, and insensibility is soon produced. With a little care, there is no danger of *sloughing* following this application. Drs. C. and F. informed me, that they had used the ice several times a day upon the same individual, without the least unpleasant consequence, and always with satisfaction to the patient. Our city is remarkably healthy for the season. Yours, etc., B.

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AUGUST 20, 1856.

TO THE EDITORS OF THE OBSERVER:

*Gentlemen:* The thanks of the profession are due you for the firm stand you have taken against the reprehensible practice of reporting surgical cases for the newspapers. It is, indeed, a most flagrant violation of the code of ethics; and however painful and

ungrateful it may seem to expose the detestable practice, the best interests of the profession imperiously demand it. And while I trust the occasions may be rare in future, when such exposure will be necessary, I do hope you will continue to oppose such "empirical courses in the regular profession."

Intimately associated with this violation of the code, is the practice of traveling about the country, seeking surgical cases, such as Talipes, Strabismus, Ovarian Diseases, etc. Wherein does this course differ from that of the straggling charlatan who professes to cure cancers without the use of the knife? I confess I can not discriminate between them. All such practitioners, whether they belong to the regular profession or not, must be placed in the same category with such notorious quacks as Fitch, Newton, Pancoast and Root. There can be no middle or neutral ground in this matter. They must either serve God or Mammon. The profession will admit of no divided worship—it demands the unreserved devotion of its votaries. And where its ethical enactments are wantonly and habitually violated, the thunders of excommunication must be launched against the criminal offender. This is the only protection of an honorable, elevated and dignified profession.

And why should not our State Society begin the work? The writer of this note has personal knowledge of a member of the Society, who devotes the greater portion of his time to hunting up a certain class of surgical cases; and who procures reports of operations of the most ridiculous and disgusting character, to be inserted in the newspapers! And most to be deprecated is the fact, that none but his successful cases are reported. This man is either "deficient in ability or moral honesty," for he is not willing to intrust his fame to the just judgment of his compeers. He abstains from reporting in the regular organs of the profession, and thus places himself on "the level of the lowest quack."

Shall we look in vain for redress from the State Society? Or, will it again disgrace itself by placing the names of such men *on the list of its representatives in the American Medical Association?*

Specialities in Medicine or Surgery are to be tolerated when they do not involve an infraction of the laws and usages of the profession. But there is an illegitimate mode of practicing these specialities, that demands, and should receive the severest repre-

hension. My trust is, that as Medical Journalists, you may be sustained in doing your whole duty, and that you may continue to expose the shameful arts and devices of empiricism, until it shall be driven from its usurped places in the regular Profession, and cast into that *outer darkness* which lies within the domains of Hydropathy, Homœopathy, Eclecticism, *et id genus omne*.

In that hope, I subscribe myself truly and faithfully,

Yours, T—.

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#### EDITORIAL AND MISCELLANY.

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##### SECTIONAL VIEWS IN THE PROFESSION.

WE were much astonished, as well as pained, on reading an article in the July No. of the *Southern Medical and Surgical Journal*, headed, "An Appeal on behalf of Southern Medical Colleges, and Southern Literature, by J. C. Billingslea, M. D., of Foster's Tuscaloosa County, Alabama." Here, let us state, we should not notice the article in any way, but that we find the Editors entirely silent, and thus seemingly indorsing its pernicious sentiments. We believe such articles conceived in bad taste, written in great ignorance, and not without *prejudice*, whose effect will be exceedingly bad, unless rebuked as they deserve to be.

Let us, however, to do justice, make an extract of the views of this Dr. Billingslea.

"First, (he says) let every Southern physician ask himself, how much of patronage is bestowed on our Southern literature by our Northern brethren; and also, what views *they as Northern men* entertain toward *us as Southerners*. There is scarcely any article emanating from a Southern pen, which is republished in the North, it matters not how much of merit it may possess. But on the other hand, see how *they* are treated by us in return. Our Southern journals republish everything which they think would advance the Science of Medicine, without any regard to the *geographical location* of the author. All they seem to care for, is our patronage, and don't extend to us this same in return." Now is this not a beautiful, *truthful*, just sentiment! If we had read it in some political hack paper, we should not have been surprised.

We never heard of Foster's, the residence of Dr. Billingslea, but we dare say, it is a benighted region, and that the gentleman himself is living in a profound state of ignorance. As proof of this, we can not find the name of any such town on our map, though it is one of the very best. But seriously, instead hereafter, of devoting himself to medical matters, we would commend him to join that numerous party of wicked fanatics, existing all over the country, whose aim is to sow the seeds of discord and anarchy. The medical profession is not his place. No! thank God, that profession which knows no country, language or birth place, whose great behest is to do good to all men, respecting and honoring talents, genius and acquirements wherever found, all round the world—can not know such men.

What are the "*views*" which "*Northerners*" entertain toward "*Southerners*?" Dr. B. fails to tell us. We can answer, that as medical men, they are those of cordial respect and regard. At the meetings of the National Association, we never saw any other "*views*" manifested. In private social life, in Journalism, in correspondence, we never heard or saw any "*views*" manifested, other than those of courtesy, kindness, and in one word, the deferential bearing of gentlemen.

As to the charge, that articles from Southern pens are not republished in the Northern journals, we must say that it is totally untrue, not to use harsher language. From our little knowledge and experience in journalism, we know that editors in the absence of original papers, are glad to republish good articles from any source. As proof of this, we find many articles taken from Southern journals, in Northern ones. It would be difficult for us to believe that there are six men in the South or North, animated with such sentiments, or who do not know that the statements of Dr. B. are untrue. It is the first time we ever saw the term "*geographical location*" used in the discussion of medical matters. It is odious language for a well-bred, educated physician to use. It smells of the pot-house politician, and smacks of the corrupt political stump hack. Out with such men and out with such language! say we. "*Geographical location*," indeed, in medicine! Is Dr. B. a medical Know-Nothing? Would he ostracise everything that does not emanate from Foster's,

Tuscaloosa County, Alabama? A well-educated physician is acknowledged and received every place, and if he has distinguished himself, he is honored by all except Dr. B., who would inquire as to his "*geographical location*."

Against the appeal made by Dr. B. in favor of Southern Medical Colleges, we have not a word to say. We rather admire the spirit which prompts a pride in home institutions, but we most severely protest against introducing Northern, Southern, Eastern or Western notions or "*views*" into the only profession which knows no North or South. For the physician who dabbles in politics, we confess we have not the highest regard, and still less for him who would attempt to bring into our profession the prejudices and fanatical ideas of politicians of the present day.

It is idle and vain to attempt to build up medical journals or colleges, on any other basis than that of merit. That journal will always succeed the best, which is conducted the best, and that college will only succeed, which has the greatest talent in its professors. We wish for the success of the best, no matter what their "*geographical location*" may be, whether in the South, North, or in foreign lands.

"No pent-up Utica contracts our powers,  
For the whole, boundless continent is ours."

It may be we have written severely, but the love we bear our profession, the admiration we have for the learning, the attainments, the gentlemanly bearing of the well-educated, liberal-minded physician, as he is found in all climes, and especially in all parts of our common country, must be our excuse. Our tests of respectability are not as to what are the "*views*" of this man or that man, but is he a *gentleman* in his professional relations—is he accomplished in his profession—is he truthful. If he has these qualifications, he has our warmest admiration, and strongest sympathy and encouragement. Let no man then, attempt to throw a barrier in the onward march of our science and art, by his foolish and false prejudices.

Our profession is to do good to *all*; the achievements in practice, the discoveries of new facts and principles, and in one word, the prevention and cure of disease, is our common yet holy purpose, and he who would in any way attempt to hinder us, should

receive the reward of a traitor to his profession and to humanity, without regard to "geographical location." But let us close: we love the brethren strong in the faith, educated in the principles, and animated with the determination to give a good account of themselves in a sound, successful practice, wherever they may be.

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NEWSPAPER PUFFING.

It is well known to those having an itching for public notoriety, that newspaper puffing yields larger results, considering the amount invested, than any other means for accomplishing the same object. It is therefore resorted to extensively by the quack and charlatan of every profession and occupation. Could the public more fully understand how this kind of machinery is brought into operation, it would be shorn of much of its efficiency. If the relations between the puffer and the puffed were exposed, its potency would vanish, and the empty pretensions of gaseous aspirants would explode into thin air. To those behind the curtain, it is well known that oysters, wine, game suppers, and the like, never fail to reach the assailable point of Mr. Splash, of the *Buncombe Flag*, and that his paper is ever open to those who confer such favors. Sometimes the way is prepared by presents to Mrs. Splash, and the young Splashes may even come in for a share. Again, when these means are not at hand, "ten cents a line" will always insure as editorial all that is required. Not unfrequently, high-flown notices of "extraordinary feats" are served up to make the papers attractive, and excite the gaze of an admiring crowd. Dr. N., or Prof. B., or somebody else is heralded as having done some terrible thing: it is made a nine days' talk, and the "local" is complimented for his adroitness in detailing what is really a very common performance, and one of every day occurrence. When these notices are of a personal character, they are usually laudatory in an inverse proportion to merit. Operations are often puffed as successful, the subjects of which have "gone to that bourne from which no traveler returns" to tell tales on the "successful operator." If the *whole* truth were told, it would often redound to the disgrace instead of the credit



the operator. In some instances, even the private affairs of patients are detailed to give interest to the wonders of cases—events and circumstances known only to the professional attendant, and which should have been kept sacred within his own breast, have been wantonly divulged. An instance of this kind occurred in one of our daily papers, a few days since.

We have recently witnessed a new mode of newspaper puffing, which must be passed to the credit of our medical friends in Gotham.

In one of the June numbers of "Frank Leslie's Illustrated Newspaper," we find a showy wood cut, purporting to represent the head and bust of a New York surgeon, together with a brief account of his eventful life. All the wonderful things which he has accomplished are stated in detail, not omitting his transcendent *capacity* and claims to be one of the greatest men of the age. In fact, if all that is set forth be true, he is a remarkable prodigy, and the whole world should know it. We would, however, very respectfully inquire whether this proceeding is to be taken as a fair specimen of medical ethics in New York? Does it receive the sanction of the best men in the profession, or is it simply an outburst of *genius* that could not await the slow but sure road to fame, which true merit always procures?

In the same paper, but on another page, is a portrait of "Prima Donna Maria Piccolomini, Role de la Traviata," a "new star in the musical firmament," who is represented to be "quite young, and beautiful as a dream," with various other qualities too numerous to mention here. The descriptions of the two lions seem to have been written by the same hand, the possessor of which probably knew nothing about either music or medicine. Has it then come to this, that the aspirant after medical fame must be put through the same process as a theatrical and musical candidate for public favor, and lionized in the same manner? That this entire manner of obtaining notoriety is disreputable, every right-minded physician must and will intuitively admit.

The facility with which these indiscriminate laudatory notices can be obtained, renders them of no solid value. The charlatan and the mountebank are those who are the most likely to receive them, no distinction being made between the worthy and unworthy.

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It is the entire stock in trade of the host of vampyres who fatten on the credulity of the people, and we always feel mortified and humbled when we see men of honorable pretensions in our profession descending to irregularities of this kind. The code of ethics is clear on these points, and it is not asking too much to *insist* upon its enforcement. \*

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"PEACE IN OUR BORDERS."

It is alike proper that we acknowledge the graceful compliments of our friend Thompson of the *Meigs County Telegraph*, and express our sincere regrets for his misfortunes in the late calamity of the Pomeroy conflagration. Speaking of the *Observer*, the *Telegraph* alludes to the enviable professional reputation enjoyed by our city abroad, after this wise: "The medical faculty of Cincinnati have been for some time past, like the Kilkenny cats, endeavoring to eat each other up. They are divided into as many factions as the politicians of New York city, and abuse each other as villainously. Each faction has its organ, and sometimes these organs grind out tunes hardly as pious as Church music. What particular faction is represented by this magazine we know not; but we do know that the editors——." Well, no matter for the compliments. We have, however, one or two remarks to make, the truth of which is beginning to be felt, and we trust will be felt more fully by and by. Whatever we may have been in the past, we are very sure that the present corps of the regular profession, of this city, is quite as peaceable as in most of our neighboring cities, large or small. If we have a few pugnacious members, we are also happy to say that the great mass, especially of those in the prime of professional labors and ambition, *are a unit*, and we believe this spirit of harmonious and honorable rivalry, is growing. We have various factions and pathies, hereabouts, trying to gain a temporary foothold and notoriety, by the Kilkenny operation; but these are not engaged in the pursuits of regular scientific medicine—they are only doctors, and we hope they won't receive any aid or comfort by being likened unto

regular physicians, or by regular physicians likening themselves unto them. As to "what particular faction is represented by this magazine," we have never been able to find out, either—we expect though, to be found mostly fighting for all such objects as we believe will contribute to the continuous improvement, harmony, and honor of the profession, both in this city and at large. †

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*The foreign journals* have given very complimentary notices of Renouard's History of Medicine, translated by our friend, Prof. C. G. Comegys, of the Miami Medical College. It is a valuable book, and one which ought to be in the library of every physician. Indeed, we do not say too much when we would advise that it be placed in the hands of every medical student, at the beginning of his studies. We recommend all of our readers to buy it, and we are sure they will not regret it. †

One of the brothers Frankenstein has lately finished a bust of the distinguished Prof. R. D. Mussey, which as a work of art will do much to extend the reputation of those deserving artists. No one who has ever seen Dr. Mussey, will fail to recognize in the bust a most striking likeness. Those of our readers who have an eye for such matters, can see it at the office of the Drs. Mussey. †

We would call the attention of our readers to the very interesting case detailed in the proceedings of the Montgomery County Medical Society, by Dr. McDermont, of Dayton, published in our last number. The treatment of the case reflects great credit on Dr. McDermont, and is a valuable case illustrative of good treatment. †

We have heard considerable talk in several circles, literary as well as medical, concerning a *plagiarism* committed by a Professor in one of our medical colleges. The Professor was invited to deliver an address before one of the societies of a Western university and accepted. It is charged on him, that almost the whole of his address was taken from a similar one delivered by Charles

Sumner, U. S. Senator. To a great many, this has seemed strange and untrue, especially in view of the great literary and medical reputation of the Professor. We understand that the members of the literary society contemplate making an expose of the whole affair. †

*Exchanges.* We have felt an inclination for some time, to give an appropriate notice of our long list of confreres in the medical editorial fraternity. Something of this sort would be no more than justice, in return for the many manifestations of kindness and courtesy, that have been so cordially tendered to us in our brief career as journalists; perhaps we may do so at some future time, or from time to time, as space and leisure shall permit. Outside, however, of our regular medical list, we have quite a number of secular, literary, and religious exchanges laid on our table, some of which we value highly. Of these, we will mention just now only a few.

*The Ladies' Repository.* This monthly is so widely known as to be benefited but little by any notice of ours. As a ladies' magazine, in every way fit, elegant and proper, it has no superior; and for many years it has been steadily growing in popular favor. Its very excellent editor, Rev. Dr. Clark, has been re-elected to this post for another four years, by the late General Conference of the M. E. Church. Its circulation, we understand, is between twenty-five and thirty thousand. It is published simultaneously at New York and Cincinnati, at \$2 per annum, any Methodist minister being an agent.

*The Odd Fellows' Literary Casket.* This is another handsome and readable magazine, and we should think it ought to be well-sustained by the "order." It is published by Turner and Grey, of this city, at \$2 per annum.

*The Templars' Magazine* is the organ of the order of Templars of Temperance and Honor, but is well filled with well-selected literary and temperance matter in its monthly issues, making it at the price, only \$1 a year, one of the cheapest and most acceptable family journals in the country. Address J. Wadsworth, Cincinnati, Ohio. †

"The young man whose hip we reported in our March number, as having been reduced by Prof. Blackman, after six months' standing, is now in the Commercial Hospital. He can evert or invert his foot as readily as that on the sound side, and can flex and extend the whole limb with ease. The limb appears to be shortened about three-quarters of an inch, which is doubtless due to the partial obliteration and widening of the acetabulum, and the change produced on the head of the bone, by long-continued pressure on the ilium."—*Western Lancet, August.*

In the Commercial Hospital, is he? Pray, for what disease was he admitted again? or has he been in the hospital since last March? There is nothing, except it be independence, more commendable in a journalist than truthfulness and fairness. Now, friend Wood, let us give the history of this "young man," which you have left out. After the reputed reduction of the dislocation, "the young man" left the Commercial Hospital, and entered St. John's Hospital, of this city, to have surgical aid. He stated that his hip and leg were in the same condition as before they were reduced by Reid's method. The surgeons of St. John's Hospital, Profs. Mussey and Judkins, and Dr. W. H. Mussey, refused to do anything, for nothing could be done, and gave it as their opinion that there had been fracture of the femur near the neck. Dr. Wood's account of the case as it is at present, supports this view. It certainly is a question whether it is a case of dislocation, like some others, which have presented themselves here of late.

The history of the way in which "the young man" was got back into the Commercial Hospital would be very *entertaining*. Probably friend Wood will write it out for us. If he does not, we shall be compelled to do so, in conjunction with some other *little* matter, which we have in our drawer.

The fact that the femur after a dislocation of six months, has been reduced, is a very valuable one, and will become authority. Surgical statistics now of such immense value, however, should not be increased by *false* facts. We then feel prepared to say that "the young man with the dislocation of six months' standing," still suffers from his dislocation, and is at present in the Commercial Hospital, into which institution he was induced to re-enter by one of its surgeons, that he might be watched. †

*Medical Teaching.* The schools are again before the profession with the announcement of their lectures. The most capricious student can find no difficulty, we think, in making a choice. In this city we have three regular schools—the Miami Medical College, Medical College of Ohio, and Cincinnati College of Medicine and Surgery. The Miami will open its fifth course of lectures under the most auspicious circumstances. Its faculty is united, harmonious, and continues as it was at the opening of the school, with the exception of Prof. Avery, who resigned on account of his health.

Already it is the vigorous and successful rival of the oldest institution in the West. In addition to the advantages of the Commercial Hospital, the students of this school will have the benefit of the medical and surgical clinique of St. John's Hospital, with those of a large College Dispensary. We feel satisfied that those students who matriculate in the Miami will not regret it.

The Medical College of Ohio, has suffered another reorganization since its last session. Two courses, under the present organization, will be delivered—a winter and a spring course. We do not understand how a full course of lectures is to be delivered from March 1st to July. The Prof. of Anatomy will be forced to deliver two lectures daily, we opine. We do not like the plan. If the session was lengthened to eight months, we would highly approve of it. We hope the fortunes of our alma mater may prosper under it. The announcement states that the present faculty will be permanent—

“A consummation most devoutly to be wished.”

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*New Medical School in the City of New Orleans.* Under the general law of the State of Louisiana, an institution has been duly organized and incorporated under the title of the “*New Orleans School of Medicine*,” with powers to teach medicine and grant diplomas. Lectures will commence in November next. Dr. E. D. Fenner is Dean of the Faculty.

*Died,* July 1st, Dr. R. M. Porter, Professor of Anatomy in the University of Nashville, from the effects of a dissecting wound. Dr. Porter was an excellent teacher, and a most estimable and high-minded gentleman, respected by all who knew him.

The letter on newspaper puffing, signed "T." is only one of the many expressions of opinions we have received on this subject, in reply to our editorials. "T." is a highly respectable and responsible physician, practicing in this State. Any one interested can have his name and address. To show still further the feeling prevalent on this subject, we subjoin the following from a private letter from a very prominent and high-toned physician: "You believe in putting the newspaper puffers through, do you? Well, I am with you, and I surmise there will be a less membership of the Ohio State Medical Society, after its next meeting." If we had room, we could give extracts of the same kind from a score of letters. The profession is moving on this subject of ethics. Quackery must be cast out of the regular profession. †

*Died*, on the — day of June, in Terre Haute, Indiana, where he had engaged in practice, C. W. Foxworthy, M. D., of inflammation of the throat. Dr. F. was a graduate of the Miami Medical College, and served one year in St. John's Hotel for Invalids, as one of the house physicians and surgeons. He had the capacity to make a good physician, and would no doubt have become a prominent member of the profession, had his life been spared.

We have received the Annual Circular and Catalogue of the Medical College of the State of South Carolina, for 1855-56. Its catalogue numbers two hundred and twenty, and its list of graduates eighty-six. These figures exhibit a state of prosperity unusual in these days—a prosperity, doubtless, naturally and properly resulting from the labors of an able and working faculty. Henry R. Frost, M. D., is Dean.

We have also received the Annual Catalogue of the Rush Medical College, at Chicago, with its announcement for 1856-57. This institution appears to be in a healthy condition. For any information apply to Prof. N. S. Davis.

*American Pharmaceutical Association.* Notice to the Pharmacutists and Druggists of the United States. In compliance with the requirements of the Constitution, you are hereby notified that the annual meeting of the Association will be held in the city of

Baltimore, on the second Tuesday (9th) of September next, at three o'clock, P. M. The objects of the Association are to deliberate on the condition of our profession, the advancement of pharmaceutical knowledge, and the elevation of the professional character of druggists throughout the United States. "Every apothecary and druggist of good moral and professional standing, whether in business on his own account, retired from business, or employed by another, who, after duly considering the object of this Association, and the obligations of its Constitution, is willing to subscribe to them, is eligible for membership."

NEW YORK, July, 1856.

JOHN MEAKIM, Pres't.

*The following short extracts, translated from German journals, have been handed us by our friend, Dr. Bruhl, of this city:*

1. *On the removal of tattooed figures from the skin.*

The Parisian grisettes, anxious to extinguish those tokens of their former love and troth, use for this purpose, as a caustic, a solution of indigo in sulphuric acid, after the application of which, as both epidermis and chorion peel off, a very indistinct cicatrix remains. But this process, however innoxious it may seem, is according to Parent Duchatelet, not without its dangers, he having seen it terminate fatally in the case of a young girl, where a serious erysipelatous inflammation of the arm ensued. A more safe and efficacious plan has been recommended by Dr. Ambr. Tardieu. He applies for twenty-four hours to the tattooed surface, a cerate, saturated with concentrated acetic acid. Then he rubs the reddened part well with a strong alkalic liquid several times, and washes it well afterward with diluted muriatic acid. In this manner, a thick scab is formed, which peels off and reappears again several times, until after about three weeks, a plain scar is left, in which not the least trace of the former marks can be recognized, especially if cinnabar, or the vegetable red or blue inks have been used as coloring matters.

The translator of this tested the above in a case where a young gentleman in his boyish days had been guilty of the foolish practice of tattooing his hands. And this abstract is given for the benefit of those who may be consulted in similar cases.



2. *Use of Benzine in Scabies.*

Dr. G. Lambert treated fifteen persons affected with scabies, with an ointment containing six parts of benzine to twenty-five of lard, with which the affected parts were rubbed. Immediately after two frictions the itching ceased, and in nine of the patients, a perfect cure was effected after *eight days*; in the other six, however, where the complaint had become inveterate, after *eleven days*.  
[Schmidt's *Fahrbucher*.]

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*On Wire Splints.* By J. C. NOTT, M. D., of Mobile, Ala.—I have recently been using, in fractures of the extremities, *wire splints*, which I do not remember to have seen recommended elsewhere, and which possess manifest advantages over those of any other material heretofore used.

The objections to wood, pasteboard, gutta serena, and other solid materials, are, that they keep the inflamed parts too warm, and do not admit the application of cold water.

The "*wire wire*" is the lightest material out of which a firm splint can be made, and being malleable, may be molded with the fingers to the shape of the limb.

Being porous, no obstruction is offered to the entrance of cold lotions, and the parts may be subjected, if necessary, to a stream of water.

The material out of which these splints are made, is easily procured, and easily cut into proper shapes. The hardware stores all keep what is called "*wire wire*," of various qualities, coarse and fine, and with a pair of strong shears it is readily cut into any form we may desire. The edges should be turned over to prevent the wires from sticking into the flesh, and to give more strength to the splint. It is well, also, to give them a coat of asphaltum, or other varnish, to keep them from rusting. The material does not cost more than from fifty cents to one dollar a yard.

Suppose, for example, we have a common fracture of the bones of the leg. Two splints, of the shape of the limb, are selected, and being well padded with lint, or old soft rags, they are applied on each side of the leg, and nicely molded to its shape. A bandage is then rolled from the toes up to the knee over it, or what is more simple, pieces of bandage are tied around at short spaces from toes to knee. We at once have a solid fixture, having all the advantages, and none of the inconveniences of the starch bandage, and the patient may move the limb about as he pleases, or get up on crutches.—*Am. Journal of the Med. Sciences*.

[We call attention to the following Rules, suggested by Dr. MARSHALL HALL, on a very important topic; and differing in some important particulars from views and customs heretofore accepted.]

*New Rules for the Treatment of Asphyxia.*

I. Send with all speed for medical aid, for articles of clothing, blankets, etc.

II. Treat the patient on the spot, in the open air, exposing the face and chest freely to the breeze, except in too cold weather.

*I. To excite Respiration,*

III. Place the patient gently on the face (to allow any fluids to flow from the mouth).

IV. Then raise the patient into the sitting posture, and endeavor to *excite* respiration,

1. By snuff, hartshorn, etc., applied to the nostrils;
2. By irritating the throat by a feather, or the finger;
3. By dashing hot and cold water, *alternately*, on the face and chest;

If there be no success, lose no time, but

*II. To imitate Respiration,*

V. Replace the patient on his face, his arms under his head, that the tongue may fall *forward*, and leave the entrance into the windpipe free, and that any fluids may flow out of the mouth; then

1. Turn the body gradually but completely on the *side*, and a *little more*, and then again on the face, alternately (to induce *inspiration* and *expiration*);
2. When replaced, apply pressure along the back and ribs, and then remove it (to induce further *expiration* and *inspiration*), and proceed as before;
3. Let these measures be repeated gently, deliberately, but efficiently and perseveringly, *sixteen times* in the minute *only*;

*III. To induce Circulation and Warmth,*

1. *Continuing* these measures, rub all the limbs and the trunk *upward* with the warm hands, making *firm pressure* energetically;
2. Replace the wet clothes by such other covering, etc., as can be procured.

VI. *Omit the warm-bath until respiration be re-established.*

To recapitulate, I observe that—

1. If there be one fact more self-evident than another,

that artificial respiration is the *sine qua non* in the treatment of asphyxia, apnoea, or suspended respiration.

2. If there be one fact more established in physiology than another, it is that within just limits, a *low* temperature conduces to the protraction of life, in cases of suspended respiration, and that a more elevated temperature destroys life. This is the result of the admirable, the incomparable, work of Edwards.

3. Now, the *only* mode of inducing efficient *respiration*, artificially, at all times and under all circumstances, by the hands alone, is that of the postural maneuvers described in this paper.

This measure *must* be adopted.

4. The *next* measure is, I have stated, to restore the *circulation* and *warmth* by means of pressure firmly and simultaneously applied *in the course of the veins*, therefore *upward*.

5. And the measure *not to be adopted*, because it tends to extinguish life, is the *warm bath*, *without* artificial respiration.

This measure *must* be relinquished.

These conclusions are at once the conclusions of common sense and of physiological experiment. On these views human life may, nay, must sometimes depend.—*Lancet*, April 12, 1856.

*New method of treating Phagedæna.*—Mr. Cock has recently been trying in Guy's Hospital, a plan of treating phagedænic ulcers by constant irrigation. The method is, to have the sore well exposed, and the affected limb placed on some water-proof material; a reservoir above the bed is then filled with luke-warm water, and, by means of an elastic tube, a stream is kept continually flowing over the surface of the sore. By this means all particles of discharge, etc., are washed away as soon as formed, and the ulcer assumes the clean, pale appearance of a piece of meat which has been long soaked. In all the cases in which it has been practicable to employ the irrigation efficiently, a speedy arrest of morbid action has been secured, and the number has included several in which the disease was extensive and severe.

The theory of the treatment is, that phagedænic action is a process of local contagion—the *materies morbi* by which the ulcer spreads being its own pus. Admitting this supposition—which there is every reason for doing—to be true, the object to be kept in view in curative measures is, either to decompose or to remove the local virus. This end is accomplished somewhat clumsily by such remedies as the nitric acid, which, unless so freely used as not only to char up all the fluid matters, but to destroy the whole surface of the ulcer to some depth, fails to prevent a recurrence. Mr. Cock's plan of subjecting the ulcer to a perpetual washing, attempts the accomplishment of the same end, by a more simple

and direct method. It involves no pain to the patient, and does not destroy any healthy tissues. Its one disadvantage seems to be, that, excepting on the extremities, its use would be attended with some inconvenience from the difficulty of preventing the water from running into the patient's bed. Should, however, further trials confirm the very favorable opinion which has been formed at Guy's as to its value, these difficulties might, no doubt, be surmounted by the contrivance of suitable apparatus. The directions as to the temperature of the water are, that it should be as warm as comfortable to the feelings of the patient; and, as preventive of smell, Mr. Cock advises the addition of a small quantity of the chloride of lime, or of soda.—*Med. Times and Gaz.*, April 12, 1856.

*Placenta Prævia.*—In our previous number (p. 523, *et seq.*), we gave some interesting cases of placenta prævia, by Dr. THOMAS RADFORD, and now continue them:

CASE X.—Jan. 2, 1823, Mrs. Fildes, midwife, sent for me to visit a hospital patient residing in Cock Gates, in labor and flooding. She was at the end of pregnancy, and in going up stairs had fallen, and immediately felt sick and faintish. In about an hour afterward, she had a discharge of blood, followed by pains, which continued to increase in frequency and strength. The hemorrhage was now great; her countenance was very pale; her pulse was frequent and feeble. On an examination, *per vaginam*, I found the os uteri opened to about the size of a shilling; but it was firm. On passing the finger through it I detected the placenta. I plugged the vagina, and had the abdominal bandage put on, with the uterine compress placed under it, and then tightened, so as to effectually support the womb; the retaining bandage was also applied. She was carefully watched for some time; and as there was no external bleeding, or indication of any internal loss, I left her in the care of her midwife, strictly directing her to send again for me, if there were any grounds for alarm.

In about four hours I called, and found the pains recurring more frequently and stronger. There had been no bleeding, and she seemed much better. I now withdrew the plug, and ascertained that the os uteri was considerably dilated, and softer, and the loosened placenta lying within it. There was some bleeding during the pains. After having placed on the regulating bandage, I passed the hand, and further detached the placenta to such an extent as I thought would allow the head of the child to pass, and then ruptured the membranes, directing the midwife at the same time to tighten the bandage. The water freely escaped; and in a short time the head of the child began to press on the

os uteri, which soon yielded. The loosened portion of the placenta fell to one side, and the child passed by it, and in about three hours it was born alive. The placenta followed in about half an hour. There was no further hemorrhage, and her recovery was uninterrupted. A drachm of laudanum was given.

*Remarks.*—This case is another example of the value of the plug. A very short time elapsed between the accident and the occurrence of labor pain. The location of the placenta on the cervix and os uteri tended to produce these effects sooner than if this organ had been situated elsewhere. The irritation which the os sustained by the mechanical separation of the placenta was soon felt by the fundus and body of the uterus. The hemorrhage was brought on by the fall; but sooner or later flooding would doubtless have occurred, if no such accident had happened.

CASE XI.—May 5, 1827, I visited a hospital patient residing in Cook street, Salford, under Mrs. Booth's care, who was stated to be in labor, and in danger from flooding. She was in the last month of her seventh pregnancy. The pains were frequent and sharp; she felt faintish; looked pale; and her pulse was feeble. The discharge of blood had continued for three hours, and was now excessive, and increased on the accession of each pain. She had a slight attack a month before, which was soon suppressed by rest, cool air, and cold external applications. The os uteri was now dilated to the size of a shilling, but extremely rigid; it had the feel of a cartilaginous ring. I passed my finger through it, and I thought I perceived the placenta. Under these circumstances, I determined to effectually plug the vagina, to place on the abdominal bandage, and under it the uterine compress, and to fix the retaining bandage. She was carefully watched for some time, and feeling assured she was safe, I left her, having directed the midwife to send for me, if any unfavorable symptom occurred.

In about six hours I was sent for, as the pains were now very frequent and strong. She was much improved in appearance, and her pulse was firmer. There had not been the slightest bleeding. On withdrawing the sponge, some small coagula followed, and immediately afterward there was a fresh flow of blood. The os uteri was now opened fully to the size of a crown piece, and felt considerably softer, and, as I thought, dilatable. A portion of the placenta with the membranes were found, in the absence of the pain, within it; and above I could feel the head of the child. As the uterus was now acting well, after having had placed on the regulating bandage, I passed my hand onward to the side

where the membranes offered, and having first freely detached a sufficient extent of the placenta to allow the head to pass, I then ruptured them. The bandage was kept so tight as constantly to compress the uterus, as it changed in size by the escape of the waters. The pains were very strong; and the head of the child soon engaged within the os uteri, pushing the placenta aside as it descended into the pelvis. The child was born alive. The placenta was found lying loose in the vagina, and withdrawn. A drachm of tinctura opii was administered; and the circular bandage and uterine compress were applied.

*Remarks.*—No other means would have answered in this case so well as the plug; blood was saved and time obtained for the os uteri to soften and dilate; in fact no other plan could have been safely adopted. If the membranes had been ruptured (which might assuredly have been done by means of a stilette), the hazards of protraction would have been very great with the os uteri so hard; and the child to a certainty would have been destroyed by the contusion and laceration which the placenta must sustain from the pressure of its head on so unyielding a tissue. To prevent such an injurious effect on the placental structure, is one object in my practice of detaching a considerable portion of it from the uterus, before rupturing the membrane is adopted.

CASE XIII.—March 25, 1819, at the suggestion of Mr. Spence, I was called to Mrs. A., who was in the sixth month of her third pregnancy. She had been well up to this time; but she now had a profuse flooding, which had come on without any obvious cause. Cold vinegar and water had been externally applied, and cool air freely admitted into her apartment. She had taken a mixture with acidum sulphuricum dilutum and tinctura opii, and afterward plumbi acetate and opium, in suitable doses, all without abating the discharge. She was pale; her skin felt coldish; her pulse was frequent and small; and she felt faintish. I found some coagula in the vagina, and fresh blood still flowed. The os uteri was high up in the pelvis, and was closed; the cervix was undeveloped. I could not prudently make further inquiries, and therefore I was ignorant as to the precise location of the placenta. I suspected it was fixed on the cervix. There was no pain. The circular abdominal bandage, and the uterine compress placed under it, was firmly applied. The vagina was well plugged with sponges, but I carefully avoided passing the first piece too high, so as to forcibly press against the os uteri. The retaining bandage was fixed. Stimulants and supports were cautiously administered. The external bleeding ceased; and we were convinced there was no internal loss. The plug was allowed to remain for about

eight hours. At the expiration of this time, although there was no discharge, yet as she complained of irritation, it was removed. As nothing further occurred, I left the patient under the care of her medical attendant, who afterward informed me that nothing unfavorable happened, until she reached the eighth month, when she had a very slight discharge of blood, which was soon arrested by cold applications, etc.

She went on to the end of her pregnancy, and her labor was natural. The child was born alive. Mr. S. informed me that the membranes had ruptured before his arrival, and that he felt a small portion of the placenta hanging through the os uteri.

*Remarks.*—We have here a good example of the advantage of not meddling, beyond adopting suitable measures to stop the hemorrhage.—*Lancet*;—*Am. Jour. Med. Sciences*.

*Mercurial Salivation followed by Periodical Recurrence.*—Dr. Strong related the case.

Miss —, unmarried, about forty years old, was an invalid in early life, but now, for a number of years last past, with the exception of what will be stated below, she has enjoyed comparatively good health, rarely requiring the attendance of a physician, and using only laxative medicines, made necessary by a costive habit.

Eighteen years ago, about the first or third of October, she was salivated with mercury. The affection proved very severe, lasting several weeks. In the February following, being then in the Hospital, and under the care of another physician, in consequence of the use of arsenic (Fowler's solution), the salivation returned, with much the same severity as before; but she gradually recovered, since which time she has taken no preparation of either medicine, except in one instance, when she took a few grains of calomel in pills, by mistake, by which she was again salivated; nevertheless, for the last eighteen years, and since the first salivations, she has had regular returns of the salivation, without exception, in October and February of each year; it often returns on the same days of the month as at first, sometimes a few days later. These attacks, at first, were of great severity, as in the first salivation, and lasted several weeks, but they have gradually become less and less severe each year since, although, as before stated, they have never failed to occur at or near the time, and the attacks have always borne the character of mercurial salivation. They usually begin with irritable stomach, a feeling of fulness and pressure about the head, flushed countenance, heat and swelling of the gums, followed by swelled tongue and ulcerations of the inside of the mouth, of the tongue, gums and cheeks;

with much drooling, and with the strong characteristic odor attending recent mercurial salivations. Dr. Strong had witnessed several of these attacks, and to him they appeared in no respect to differ from salivation following the immediate use of mercury. The patient herself asserts, (and she is sufficiently intelligent,) that each and every attack has been of the same character.

Dr. Strong remarked that there had been, for a long time, and is now, a great and strong prejudice among many, against the use of mercurial medicines; and many who have used them, have been disposed to charge confidently all their subsequent ills and sicknesses, from whatever cause arising, to their use; and hence this prejudice has been so often appealed to and used by quacks to ingratiate themselves and medicines with the public, and not without success. It is neither unreasonable nor improbable to suppose that much of the bad reputation of mercury now abroad, has come down to us from the earlier times of its use, when, owing to ignorance of its power, or the best mode of administering it, its proper doses and times of continuance, great and irreparable mischief was done by it. The above case seems to give a color of reason to the common opinion; but here, Dr. S. stated, that after having used it in no inconsiderable number of cases in the past, as well as witnessed its extensive use by others, this was the only case that had come to his knowledge that gives countenance to this prejudice.—*Boston Medical Journal, July.*

*Danger of employing Iodine injections for the cure of Hydrocele.*—M. Gosselin made an interesting communication to the Societe de Biologie, on the 24th of May. He has ascertained that in three cases where, after the death of patients, he has examined the testicles, there is a peculiar danger in employing iodine injections in the vaginal cavity, as a means of curing hydrocele. This danger consists in the absence of the secretion of a sperma fit for fecundation. In these three cases, no spermatozoa were found in the seminal vesicle of the side, where a hydrocele had been treated by iodine injections. In experiments upon dogs, M. Gosselin has found, also, that after such injections, the production of spermatozoa does not take place, and that the testicle becomes pale and smaller than before.—*Med. Times and Gaz., June 7.*

*Effects of Color upon Health.*—From several years' observation in rooms of various sizes, used as manufacturing rooms, and occupied by females for twelve hours per day, I found that the workers who occupied those rooms which had large windows with large panes of glass in the four sides of the room, so that the sun's light penetrated through the room during the whole day, were



more healthy than the workers who occupied rooms lighted from one side only, or rooms lighted through very small panes of glass. I observed another very singular fact, viz.: that the workers who occupied one room were very cheerful and healthy, while the occupiers of another similar room, who were employed on the same kind of work, were all inclined to melancholy, and complained of pains in the forehead and eyes, and were often ill and unable to work. Upon examining the rooms in question, I found they were both equally well ventilated and lighted. I could not discover anything about the drainage of the premises, that could affect the one room more than the other; but I observed that the room occupied by the cheerful workers was wholly whitewashed, and the room occupied by the melancholy workers was colored with yellow ochre. I had the yellow ochre all washed off, and the walls and ceilings whitewashed. The workers ever after felt more cheerful and healthy.—*Correspondent of the Builder.*—*Boston Medical and Surgical Journal*, July 3.

*Homœopathy.*—We have for a long time thought it unnecessary to attack the heresy of Hahnemann. The kind of mind likely to be attracted by it is unusually incapable of appreciating reasonable argument.

But now, in the decadence of the humbug, when it is growing shaky in the legs, and feebler in its hold upon the public confidence, we can not avoid the ungenerous impulse to help it down the hill a little by a kick, *a posteriori*.

Homœopathy, so called, has but little strength in our own city. The number of its practitioners is small, and they are not remarkable for talent of any sort. As we verily believe, not one of them is a true homœopath—at any rate, their patients are salivated with calomel, physicked with ounce doses of castor oil and salts and senna, put to sleep with grain doses of morphia, (in one instance within our knowledge, the sleep was eternal,) and variously medicated in the manner of the regular profession. Of course all argument with such men is out of the question.—*Buffalo Medical Journal*.

*Legal Responsibilities.*—Judge Minot, of Pennsylvania, has laid down the following rules of law, as applicable to physicians:

1. The medical man engages that he possesses a reasonable degree of skill, such as is ordinarily possessed by practitioners generally. 2. He engages to exercise that skill with reasonable care and diligence. 3. He engages to exercise his best judgment, but is not responsible for mistakes of judgment. Beyond this, the defendant is not responsible. The patient himself is responsi-

ble for all else; if he desires the highest degree of skill and care, he must secure it himself. 4. It is a rule of law, that a medical practitioner never insures the result. These are received in general as sound views, and such as will govern every enlightened court. There could scarcely be a greater absurdity than to require physicians and surgeons to insure the result, when they can in no case control all parts of the treatment. Few serious cases are carried through a single day, and many not a single hour, without a violation of instructions on the part of nurses and attendants.

*Gestation prolonged beyond the natural term by Homœopathic means.*—The *Gazette Hebdomadaire* of Paris mentions, in a sarcastic strain, a little bit of Hahnemannian sorcery recently perpetrated in the French capital. Puerperal fever having been rife of late, many ladies on the eve of parturition were in great alarm; one, however, expressed herself with great confidence on the subject, saying that her homœopathic attendant was giving her certain globules, by means of which her confinement would not take place at the accustomed period, but *would be delayed* until the epidemic had abated.—*London Lancet*.

*Strychnia.*—Dr. Fleetwood Churchill calls attention, in the English journals, to an error in his work on *Diseases of Females*, which might lead to serious consequences. He states in the work alluded to, in treating of amenorrhea, that strychnia has been given advantageously for its cure, in the dose of from one-tenth of a grain to a grain, three or four times a day. The latter dose would be unquestionably a poisonous one. The dose should be from one-sixteenth to one-twelfth of a grain, and it would not be wise to give more.

*Mrs. Partington on Baths.*—"This is a great discovery, to be sure," said Mrs. Partington, with animation, "when people that have experienced salvation through calumny and all sorts of pisenous grediencies, can have it soaked out of 'em." We asked what she meant, and looked at her as she sat in meditation on the little low chair in the corner, revolving the idea, which pressed upon her brain, like a weight of steam, two hundred and fifty pounds to the square inch. "Why," said she, smiling like the moon with reflection, "there is a contrivance for soaking a man who has taken calumny and minerals all his lifetime, till his joints are as stiff as wooden legs in the last war, and when he comes out of bath and wipes himself with a hacmetic towel, he hasn't mineral in him—he is a perfect vegetable, as limber as

What a gratified look it was she gave, as an imaginary procession of cripples, the victims of calomel, passed before her mind's eye, like the spirits of Kossuth's countrymen, as she thought of their leaping all cured from the bath!

*California State Medical Society.*—A correspondent in San Francisco informs us that a Medical Society was formed by the profession of California, at a meeting held in San Francisco, in March last. The session was a most harmonious one, and the highest standard of qualifications for membership was adopted. We heartily congratulate the profession of California, and hope that their organization will prove a lasting and beneficial one. We learn also that Dr. E. S. Cooper has opened a class for medical instruction in San Francisco, to whom he lectures principally in the various departments of surgery. This is probably a first step toward eventually establishing a medical school in San Francisco. We hope our friends in California will keep us advised of their proceedings.—*New Jersey Medical and Surgical Reporter.*

*Infusion of Senna.*—Senna, infused in cold water for twelve hours and upward, in a covered vessel, is recommended as especially useful in infantile therapeutics. The cathartic and coloring matters are thus extracted, to the exclusion of the oily and resinous, which are soluble only in hot water. This infusion is nearly insipid, and the taste is wholly corrected by mixing it with coffee or tea. If cream of tartar or epsom salts be added to this infusion, it forms an excellent cathartic in diarrhea and dysentery; and its cathartic properties may be increased, if desirable, by the further addition of the extract or infusion of jalap.

*Rheumatic Ophthalmia.*—Dr. Nott, of Mobile, in the New Orleans Medical News, says: "Few diseases give more acute pain than this, and all the common modes of treatment are tedious and unsatisfactory. Several years ago, a patient applied to me, suffering intensely with this disease. I cupped, leeches, applied soothing poultices, anodyne applications, constitutional remedies, etc., without relief. While in despair, I one night spread some mercurial ointment on a rag, and laid it over the eye—the patient soon felt better, slept well for the first time during a week—next morning was much better, and recovered rapidly." He adds, that mercurial ointment applied on the face invariably causes salivation.

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ORIGINAL COMMUNICATIONS.

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ART. I.—*A case of Deformity of the Pelvis, in which Delivery of the child was accomplished by Turning*, By T. W. McARTHUR, M. D., of Wilmington Ohio.

NOVEMBER 1st, 1855, Mr. Matthews, residing six miles from this place, called on me for the purpose of securing my attendance in conjunction with that of Dr. Milton Dunlap of Greenfield, during the expected confinement of his wife, in her third pregnancy. My attendance was requested, on account of her two former deliveries having been accomplished after a great deal of *delay* and *difficulty*. Mr. Matthews informed me that the only hope of Dr. Dunlap in terminating the labor, was by turning. Her former deliveries appeared to have entirely dissipated all hope of a termination of this woman's sufferings by any other means than the podalic version. I also learned that she had been in labor some four days with her first and second children, and after frequent and fruitless attempts by Dr. Dunlap and other skillful and experienced physicians to apply the forceps, they succeeded in both instances in effecting the delivery by bringing down the feet. As my presence was not ~~any~~

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some weeks I had full time for reflection. In my investigations I could not find anything to justify, what appeared to me so singular an anomaly, viz: first, that this woman could not unaided give birth to her offspring. Secondly, that the forceps could not be applied to the head, and locked by the hands of *experienced accoucheurs*. Thirdly, that in each labor, the child could be delivered by bringing down the feet. I feel quite confident from the long and extensive experience of Dr. Dunlap as an obstetrician that this woman could not have given birth to her offspring *unaided*. The time allowed to elapse from the commencement of her labor in each case, until turning was resorted to would appear to be evidence sufficient to set the question at rest. As near as I could learn, in the first and second labors, the head presented in the left anterior occipito-iliac position, (first of Dewees).

In the night of November 14th, I was sent for, and arrived at the house of Mrs. Matthews at four o'clock in the morning. A messenger had also been dispatched for Dr. Dunlap, who resided some twenty miles distant, and as he was not expected until the arrival of the eight o'clock (P. M.) train of cars, I concluded that there was plenty of time, and would make the most of it in the way of sleep, particularly as any interference, toward the termination of the labor, was not thought of until after his arrival. But the complaints of my patient were so pitiable during the pains, that I abandoned all hope of sleep. Mrs. Matthews informed me that she had been troubled during the night and most of the day previous with pains in the loins and back. By permission, I proceeded to make a careful examination. The vagina was in a normal condition. No obstruction within the excavation, that is no bony or other tumor. The index finger was directed toward the promontory of the sacrum, which I had no difficulty in reaching. As near as I could ascertain by measurement with the finger, this diameter was  $3\frac{1}{4}$  or 4 inches. I then directed the finger to the right and left so as to pass over the rim of the pelvis on each side, and it seemed to me that there was more freedom on the former than on the latter side of the basin. The os uteri was open to the size of a half dollar, yielding, and membranes whole. I detected the head presenting, (the beat of the child's heart was

detected in the left, and a little below the umbilicus,) in the *left anterior occipito-iliac position*. I then seated my patient on a stool with the back and hips uncovered, and by a careful examination could not detect any deviation from a natural condition. From her mother I then received the following history. When twelve years of age, her daughter fell from a height of about ten feet, falling directly upon her back, and at the same time received a blow on the symphysis pubis, from a rail which she drew with her in the act of falling. She was removed to the house and placed in her bed, and for several weeks suffered with pains in her hips and difficulty in passing water.

From 10 A. M. until 1 P. M., the pains increased in violence, during which time the membranes gave way, giving exit to a considerable quantity of water. An examination soon afterward revealed the os uteri fully opened, and the head resting on the rim of the excavation in the first position. Observing the progress for an hour, during the most violent and protracted uterine efforts, with but very little advance of the head, and being urged by the woman at each pain "for God's sake to do something" for her, I suggested the propriety of sending immediately for a brother practitioner, that an effort might be made to turn the child, and as the patient had utterly refused to permit me to make an attempt to apply the forceps, the only alternative in the case appeared to be, turn, and deliver by the feet. Dr. Holmes, of New Antioch, being near at hand, was called in. After waiting until four o'clock, P. M., and finding but little advance in the position of the head, we decided to turn.

Having placed the woman in the usual position for turning, and re-assured ourselves, by a careful vaginal examination, and again observing the beat of the child's heart to the left, that our diagnosis as to position was correct, Dr. Holmes proceeded to bring the patient under the influence of Chloroform. I then introduced the left hand, and elevated the head, which was forced down on the brim of the pelvis, and supported it in that position with the right hand applied externally. I then passed the hand along the anterior surface of the child, until reaching the right hypochondrium, where I found and grasped, without much difficulty, the feet. After several unsuccessful attempts to bring

down both feet, I was compelled to abandon it, and bring one at a time, which I accomplished by securing the first one with a tape, and giving it in charge of an assistant. But before bringing down the second foot I again introduced my hand to elevate the head, while the assistant drew upon the tape attached to the first foot. With some considerable difficulty I succeeded in securing the remaining foot and bringing it to the vulva. The hips and shoulders were delivered, not however, without the use of some force. The head did not pass so readily, and fearing that it might be *extended*, with the left hand introduced, I applied the fingers upon either side of the nose, and with the right index finger elevated the occiput, after which I succeeded in delivering the child alive. In resorting to the version in the above case, not only was the presentation changed, but also the position of the body and head of the child, in reference to the various points of the mother's pelvis. It will be well to observe clearly this process, for in it will be found, doubtless, an explanation of the success of the undertaking. The feet, as was described, were secured, and brought to the vulva, while the posterior plane of the child, which up to this time corresponded to the mother's front and left, was placed to her right and posteriorly, the largest portion of the head of course occupying the right side of the pelvis. The *presentation* is now changed, and what is it? The pelvis of the child is presenting in the *right posterior sacro-iliac position*, (the fourth of Baudelocque).

In this position, it is evident, that the "great occipital extremity of the head," when presenting at the superior strait, will do so on the *uncontracted side of the pelvis*.

There was nothing unusual in the further delivery of the child. It would be well, however, to state, that by a little attention the occiput was brought under the symphysis pubis.

Now I wish to review this case and try and ascertain its peculiarities, and see if there is not an explanation for this seeming anomaly. First, here is a female in labor four days on two different occasions, and under the most powerful uterine efforts, the child will not be born. In the second place, several experienced *accoucheurs* made frequent but unsuccessful attempts to deliver with the forceps, but could not succeed in even locking

the instrument on the head ; and in the third place, and in opposition to the usual rule in such cases the delivery could be accomplished by the podalic version. I ask then, if the following quotation from M. Cazeaux's most excellent work, is not an explanation of this case? I quote from his book on Midwifery, page 474; speaking of pelvic versions in case of retraction of the basin, M. Cazeaux says: " The pelvic version in the case before us, is attended with some peculiarities that ought to be mentioned. For instance when an undue development of the sacro-vertebral angle is the cause of the narrowing, it often happens, as before shown, that the base of the sacrum is turned a little to the one or the other side at the same time that is projected forward, thereby constricting one half of the pelvis, much more than the other; and hence in performing the evolution of the fetus, and drawing on its pelvic extremity, under such circumstances, it would evidently be requisite to turn its posterior plane toward the larger moiety of the basin, so that, at the moment when the head presented at the superior strait, its large occipital extremity would correspond to the non-retracted side. It was stated above that when the fetus presented by its flexed cephalic extremity, it would be necessary to apply the forceps if the uterine efforts were incapable of terminating the labor; but the particular variety of malformation that we are now treating of may modify the rule laid down, which was perhaps a little too absolute; for in this case, the position of the head must greatly influence the accoucheur's determination. Let us take, for example, a pelvis in which the sacro-vertebral angle, while projecting forward, is turned to the right, so as to diminish the sacro-cotyloid interval very considerably on this side; now, the intervention of art being judged necessary, if the head is placed in the left occipito-iliac position, an application of the forceps will be the only practicable measure; whereas, on the contrary, if the occiput is directed to the mother's right, we should preferably resort to the pelvic version. Indeed, this last operation, by converting a second vertex position into the first of the feet, would have the advantage of bringing the great occipital extremity of the head to the largest moiety of the pelvis, and would thus place the fetus in a much more favorable position. The accouchement has frequently been



rendered comparatively easy by the pelvic version when resorted to under such conditions; and M. Velpeau relates a case which he happily terminated by this manœuvre, though other practitioners, had deemed craniotomy to be indispensable in a former labor of the same woman."

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ART. II.—*Case of a Peculiar Aneurismatic Disease of the Heart.*

By G. A. KUNKLER, M. D., of Madison, Ia.

Mr. M. T——, a mulatto aged twenty-five, a carpenter by trade, first consulted me during December, 1854, for an affection of his chest. He stated that a year previous, while engaged in a scuffle, he had been thrown down, and received several severe kicks on his back, and left side of his chest. A few days after this, he got an attack of acute pleurisy. He recovered from this, shortly; but ever after, complained of pain in the cardiac region, difficult breathing, cough, and some slight mucus expectoration. He also complained of an incessant, disagreeable, beating, pulsating sensation in the region of the heart. These symptoms were sometimes temporarily relieved by counter-irritation, narcotics, bleeding, etc., but would always return. Any violent exertion would greatly increase the dyspnea, so that he was scarcely able to follow his regular avocation. Latterly also, some oedema of the lower extremities was perceived. On examination with the stethoscope, the left ventricle was found to communicate a powerful impulse, each contraction being attended by the *bruit de soufflet* or bellows sound, which was very distinct. The pulse was small and unequal. There was great emaciation. Digestion was depraved, an obstinate diarrhea being nearly always present.

The treatment during the two months that he was under my care was only palliative. Diuretics, anodynes, astringents, tonics, etc., were employed, as the indications demanded. About this time he was attacked by delirium tremens, from which he died on the third day. The post mortem examination was made some *ten days* after the patient's death, with the assistance of a medical friend.

On opening the thorax, the lungs were found healthy, with the

exception of some old pleural adhesions on the left side, and some tubercles in the right upper lobe. The heart was greatly enlarged. The pericardium contained several ounces of a straw-colored serum. From the left ventricle there proceeded a tumor, about the size of a large hen's egg; it communicated with the cavity of the ventricle by a small aperture, and contained some coagulated blood. The parieties of the aneurism were of a remarkably firm consistence, almost resembling cartilage, although the appearance was the same as that of the heart itself.

All the valves presented signs of disease. The tricuspid and mitral valves were in a state approaching ossification.

The parieties of the tumor varied in thickness, from one-fourth of an inch to one inch.

The brain was found congested, and a considerable effusion of serum in the ventricles, and in the cavity of the arachnoid; the latter membrane was in an injected state. The other post mortem appearances presented nothing of interest.

It would have been desirable, in consideration of the very peculiar lesion which existed in this case, to have made a more minute and detailed examination; but, from unavoidable circumstances, this was impossible; and I was only enabled to make the above imperfect notes, in my scrap-book, in reference to it.



ART. III.—*Diseases of Richmond, Wayne County, Ind., During the Seventh Month, 1856.* By JOHN T. PLUMMER, M. D.

1st. A cool northeast breeze this morning induced some of our prudent citizens to put on their winter coats. At 5 o'clock, A. M. the temperature was 62°; at 2, P. M., 84°; and 72° at nine, P. M. Dew point complement 24° at mid-day.

INTERMITTENT FEVER.—In allusion to vernal intermittents, Dr. Drake expresses an acknowledged fact in these words: "After the hot weather has set in, they commonly cease; and this is the termination of the epidemic of the preceding year; which beginning in the last month of summer, ends in the last month of spring."

But the present season affords a remarkable exception to this rule.

The parched fields, the short crops, the almost exhausted water power, indicate the extreme dryness of the weather. The thermometer, in the afternoon, was frequently at 90° to 96°; and even so late as five o'clock, P. M., it has stood at 94°; and at 89° at 9 o'clock, P. M. The mornings at sunrise have generally varied in temperature from 60° to 70°. One morning, however, the mercury was as low as 56°; and on two mornings it was at 58°. On the twelfth, the noon temperature was but 76°. The winds have been from every point of the compass, even on the same day. In a scale of ten, the force varied from 1° to 5°; only once or twice exceeding the latter power: one in the vicinity, amounting to a storm.

Under such meteorological conditions, the ague has continued uninterruptedly to prevail to the close of the month. The cold stage in one case lasted two hours; others, and indeed most of the patients, experienced but little chilliness: and some persisted in denying that they had any cold stage. Quotidians, I think have been more frequent this month than at any former period of the year. Some who believe they have never had an attack of this fever heretofore, have been affected with it this month. One patient, who had as she supposes, ten or twelve attacks of the ague since last fall, told me that they were invariably introduced or accompanied by colic or pain about the umbilicus of a very severe character, and attended by more or less vomiting or purging during the chill. Another, a corpulent female, about sixty years of age, experienced a chill of three and a half hours duration; or as she expressed it, "a coldness, accompanied with a universal aching which was almost insupportable." She was not conscious of any degree of fever: nor did I discover any at the time of my visit: but a general perspiration appears to have immediately followed the cessation of the chill. This patient had had an ordinary attack of the ague, a few weeks previously.

It was not until the latter half of the month, that any cases of *cholera infantum* appeared: and none of them terminated fatally. The cases however, were rare.

ERYSIPELAS.—A delicate girl, 13 years of age, in whom the catamenia was not fully established, after a few days fever, experienced a soreness and stiffness in the neck, for which she took a

large dose of stramonium, the father's impression being that it was an attack of neuralgia she labored under. I was called to see her the next morning on account of a deep red flush on each side of her face and head, involving her ears, and extending down her back. The pulse was a hundred and thirty; there was headache, nausea, and frequent vomiting; papillæ, red and projecting through the coat on the tongue, which was moist; extreme tenderness of the abdomen on pressure; oppressive respiration, requiring the constant use of the fan; thirst and general soreness of the scalp and other parts on which she rested.

Part of the necessity for fanning was perhaps due to the weather, the air being calm and the mercury at 94°.

I have mentioned the use of stramonium in this case because in several cases in which this article has been administered to children, an extensive erythema, and soreness, and stiffness of the joints have followed. If the doctrine "*similia similibus curantur*," be correct, stramonium ought to be the remedy for erysipelas.

In the present case, the deep blush of the skin was bordered in front by a well-defined serpentine line, which was driven along daily toward the median line of the face, till the two patches of suffusion met on the forehead and bridge of the nose. There was, with the extreme sensitiveness of the parts affected, a tendency to the edematous form of erysipelas. The reddened skin was tense, shining, and almost inelastic, but no vesicles could be discovered.

This patient recovered, or was convalescent, in about one week from the first day of my attendance. The treatment consisted of calomel and ipecacuanha in small portions every four hours, for the first day, or until the bowels were duly relaxed, and the secretions improved. After this, liquor ammoniæ acetatis was given in two fluid drachm doses every two hours, until there was a gentle diaphoresis over the whole surface. Meanwhile the parts of the face affected were treated with a lotion of chloride of ammonium. I know not but that this is a new application to erysipelatous inflammation; but other lotions, as the alcoholic washes, etc., failing to give relief, I resorted to this, and found it to be very grateful to the patient. In another, and the only other case of erysipelas (facial), which occurred a few days after the first, in

another family, I made this application at the earliest period of my attendance, and with the effect of subduing the inflammation in a few days. The tongue of this patient (a girl of twelve years of age), was coated; but no constitutional means were considered necessary in her case. The inflamed part was hot, red, tense and shining, and it finally desquamated. There was no ostensible cause for the erythemic condition, unless a little bloody mucus in the nostril of that side indicated the salient point of the disease; but the patient was conscious of no uneasiness in that part. The catamenia had not appeared.

**ERUPTIVE DISEASES.**—A case of lichen simplex, a few cases of eczema solare, and one of the anginoæ variety of scarlet fever, under the care of Drs. Haughton & Butler, and which I saw on the 24th, comprise all the eruptive affections of the month.

*Diarrhœa, Cholera Morbus and Dysentery* existed to some extent. Striking cases of *Ischmities* occurred nearly at the close of this hot and dry month.

The ophthalmoscope, as often as it was examined, indicated nothing different from the results already reported in former months.

The whole year, thus far, has been one of comparative health.

The complement of the dew point on the 17th, was 38°, the greatest I have yet ascertained here.

#### ART. IV.—*Keratomycosis*. By E. WILLIAMS, M. D., of Cincinnati.

In the *first* and *third* numbers of the *Observer*, will be found some observations on *Clinical Corns*, to which this article is intended as the sequel. At the close of the last communication, I was treating of the *pathology* of the disease, and finished by a brief allusion to the doctrine of Sichel, elaborated some years ago in the "*Annales d'Oculistique*." Most modern authors are agreed in the conviction that this ocular change results from a *diminished power of resistance* in some part of the cornea; but as to the *cause* of this diminished power of resistance, there is the greatest possible variety of opinion. M. Sichel asserts that *keratomycosis* is *inevitably preceded by inflammation and ulceration* of the cornea, and that an *opacity* always exists at the apex of the

conical projection, which, if not visible in all cases to the naked eye, is at least rendered so by a magnifying glass. In this remarkable position, however, he is unsustained by nearly, if not all, the best observers. That cloudiness and even decided opacities are seen in the apex of the cone, in the majority of the cases where it is highly developed, is quite true, but they are the *consequence* of the protrusion and not an *evidence of an ulcer* that has existed there before the development of the disease. In many instances, the affection arises and persists for many years, or even for life, and yet the cornea remains perfectly transparent throughout. In other cases, where it has remained entirely transparent and smooth for many months or years, opacities at the summit of the cone have been seen to appear, probably in consequence of the increased and constant friction of the lids and its exposure to the air. It is mechanical and subsequent, not casual and antecedent.

Prof. Arlt says, that in his patient the opacity formed *two years after* the commencement of the disease, under his own eyes, without any trace of inflammation or loss of substance, and had persisted in the same condition for three years when he wrote the account. The young lady whose case I detailed, was unable to tell me exactly when the stellated opacities appeared, but is quite sure they were not present when her sight first began to fail. That inflammation followed by ulceration and consequent diminished power of resistance at the point affected, is sometimes followed by a conical elevation of that organ I do not deny, but that that is the *invariable cause* of keratoconus, as Sichel asserts, is certainly not true.

Another pathological theory is that of Dr. Pickford, that conical cornea results from a derangement of the functions of the *great sympathetic, spinal and par vagum* nerves, "producing, through the medium of the lenticular ganglion and fifth pair of nerves, faulty action of the nutrient capillaries and absorbent vessels of the cornea itself." This hypothesis is as vague and unintelligible as it is unsustained by facts. For want of a more satisfactory explanation, Arlt and other able authors have given their adherence to this. That the ciliary nerves have a decided influence over the nutrition of the cornea has been established

beyond doubt, by the experiments of Böden, Mayo, Magendie, Schenkley, Langen and others. But this influence exercised through the fifth pair over the cornea, is derived from the filaments of the great sympathetic which unite with it in the ganglion of Gasser. If the fifth nerve is divided in an animal, beyond this ganglion, the conjunctiva and cornea become insensible, and the latter organ is at length invaded by a species of morrification manifested by opacity, serous infiltration, softening, and finally, sloughing and evacuation of the eye. If the nerve is cut between the ganglion and the brain, however, *i. e.*, before it receives the filament from the great sympathetic, the sensibility of the eye is at once lost, but the cornea remains clear and healthy. This is proof positive that the nutrition of the cornea is under the control of the sympathetic and not of the cerebro-spinal system of nerves. Now we know comparatively so little of the pathological phenomena by which a disorder of this system of nerves manifests itself, that a clear diagnosis is impossible. The effect, then, of such a derangement in giving rise to conical cornea is, in the present state of our knowledge on the subject, purely hypothetical. It is the merest speculation. In no instance where the fifth pair has been divided in animals, has keratoconus ever resulted, and there is, as far as I can find, not a case on record where a pathological process in the ganglion, of Gasser, or the *cervicale supremum* has led to that ocular change. If faulty nutrition and consequent diminished tonicity of the cornea is the cause of the projection, it can only be produced through the sympathetic system, and should undoubtedly occur in some, if not all of the cases, where there is a diseased process in one of the ganglia above named. But as it never has been observed, the theory has no foundation whatever.

The principal reason advanced by Arlt and other German authors who advocate this hypothesis is, the alleged fact, that nearly all persons affected with keratoconus present well-marked signs of the *tubercular diathesis*. It is said in Lessing's drama, called "Nathan, the Philosopher," that the adopted daughter of the philosopher, after she had so narrowly escaped being consumed in the burning house, ever afterward *printed fire in every picture that her pencil portrayed*. Whether Prof. A. has ever been

snatched horror-stricken from the clutches of that great destroyer of the human race, I do not know, but in the beautiful delineations which he gives of ophthalmic diseases in his excellent book, he daubs them nearly all with *scrofula*. Conical cornea has been observed quite as often in healthy and robust persons as in those debilitated by disease, or strongly impressed with marks of the strumous diathesis.

Thus we have briefly stated and discussed the principal theories that have been broached in explanation of the origin of this singularly obscure affection, and find none of them sustained by well authenticated facts. The literature of keratoconus, in consequence of the meagerness of our knowledge on the subject, abounds in the most visionary speculations. If I have said anything in the foregoing pages that may serve to bring back ophthalmologists from the airy regions of fancy to the field of observation and experience, I have contributed my mite in the furtherance of truth.

As to the *treatment* of keratoconus, the results of almost every thing that has ever been proposed have been of a negative character. Demours says, "Lorsque je suis consulté pour cette lesion, je conseille de ne rien faire de particulier!"—"When I am consulted for this lesion, I advise to *do nothing in particular!*" Dalrymple, in view of the little success that has attended all *surgical measures*, says we are not warranted in attempting such interference. Walton and Lawrence both condemn all operative procedures. Mackenzie prefaces his remarks on the treatment of conical cornea, by the statement that he has "never known it lessened by any remedy, internal or external." As to surgical interference, he has never tried it. I propose, however, to give a brief analysis of the different methods of treatment, so as to enable the reader to see what has been done in such cases, and especially *why* and *how* it has been resorted to, and why it so generally fails in remedying the impairment of vision.

In a previous communication I remarked that there are three principal reasons why patients with conical cornea see very imperfectly, especially through the apex of the cone. *First*, there is generally some opacity at the summit of the elevation. *Secondly*, a large portion of the light, in consequence of the steepness of



sides, is reflected and does not pass into the eye. *Thirdly*, the increased convexity of the apex and its further separation from the macula lutea, have the effect to bring the few transmitted rays to a focus anterior to the retina.

It is necessary to premise a few observations on each of these points, in order to an intelligent appreciation of the different mechanical measures and surgical operations that have been resorted to for the relief of such patients. Cloudiness and still more a leucomatous condition of the summit of the cone, especially when of considerable size, prevents the transmission of light, and thus seriously impairs the sight. The few rays that do pass through, are so irregularly refracted by the altered cornea, that they are not brought accurately to a focus anywhere. But even when the point of the cone as well as the entire cornea is perfectly transparent, vision is very seriously interfered with. In such cases it is only to be explained by a change in the reflecting and the refracting powers of the eye, consequent upon the transformation of the cornea. The perfect polish of the latter organ, and its high index of refraction, are both very favorable to the *reflection of light*. If a small luminous object is placed in the prolonged axis of the cone, that is immediately in front of the eye, a diminutive image of it is seen on the apex, and is smaller in proportion to the greater convexity of that point, and the distance of the luminous object. This proves that a large portion of the light that falls on the summit of the protrusion is reflected back again, and hence the quantity transmitted to form the image in the eye is much diminished. Hence the vision is indistinct. If the light is held in the prolonged axis of the cone, as stated above, no images are seen upon the sides of it, because the rays falling upon each zone of the cone, under a different angle are irregularly reflected. All that is seen besides the small image on the apex, is a luminous ring in the neighborhood of the pupil. If, now, the light is to be removed from the axis to one side, then an image is seen on the corresponding side of the cone, of which the horizontal diameter is smaller in the same degree that the side is convex and the object more remote. The perpendicular diameter of the image is convex forward.

The images under such circumstances are sometimes seen vari-

ously distorted, owing to the existence of certain little depressions and elevations on the sides of the cone, as first demonstrated by Sir D. Brewster. A large portion of the rays that fall upon the conical cornea, even in a direction parallel to its axis, is regularly reflected, because of the great obtuseness of the angle of incidence. If, now, a lighted lamp or candle be held in the direction of the prolonged axis, the rays diverge, and of course fall upon the different sides of the cone, under an angle still more obtuse, and hence a still larger quantity is reflected than when the rays are parallel. Now the nearer the light, held in the axis, is approached to the eye, the greater the angle of incidence, and the more light is reflected. It is for this reason that such an eye sparkles, and gives rise to that beautiful opalescent appearance, observed when the light falls upon the eye in certain directions. The sparkling and opalescence is more striking in proportion as the sides of the cone are more steep, and to the same extent, the vision is imperfect.

The intensity of the *reflected* light, is to the *quantity transmitted* into the eye in an *inverse ratio*. But in no circumstances, however steep the cone may be, can all the rays that impinge upon it be reflected. A certain number always pass into the eye and are subjected to the refracting media of that organ. The great impairment, and sometimes absolute absence of sight, in highly developed keratoconus, can not then be explained by the *augmented reflexion* alone, but must be due in part to the *altered refraction* which results from that peculiar transformation. Supposing that the summit of the cone is perfectly transparent, and sufficiently blunt or rounded off to allow the transmission of a sufficient quantity of light for the purposes of good vision; still the patient sees badly. The reason is that the rays that pass through the cornea, are brought to a focus *anterior to*, instead of directly upon the retina. Now the longer the axis of the conical projection, and the greater the convexity of its apex, the further is the focus removed from the macula lutea. Indeed it is susceptible of mathematical demonstration that, where the lesion exists in a high degree, the point to which the transmitted rays converge, falls in the substance of the crystalline lens. After uniting at that point they again diverge, and the formation of an image

upon the retina is absolutely impossible. The image is formed either in the anterior part of the vitreous humor, or in the lens itself, and nothing but a large luminous circle is projected upon the retina, the diameter of which is larger in proportion as the rays are more divergent after leaving the focus, and the circle is the more brilliant as the diameter is smaller and the quantity of light is greater. So we see that there exists in the *refractive properties* of such an eye a serious obstacle to perfect vision. The crystalline lens in such cases acts prejudicially in two ways. It brings the transmitted rays to a focus sooner than they would converge if it were absent, and then it *increases their divergence* after they leave the focus and thus augments the diameter of the circles projected upon the retina. Now the plan of removing the lens in such cases, from the axis of vision, first proposed and practiced by Sir William Adams, carries the focus a very little further backward, but it *diminishes the subsequent divergence* of the rays and the diameter of the circles upon the retina, in a very marked degree. In that respect the removal of the lens may produce a considerable improvement of sight, and the unqualified assertion of Mr. Walton, that "it is a *physical impossibility that the loss of the lens can be attended with benefit to vision*," is a mistake only attributable to his imperfect knowledge of the science of Optics. It is only, however, in moderate degrees of the affection, and when the apex is sufficiently clear to allow the transit of a quantity of light sufficient for sight, that the removal of the lens can be of any great advantage. But even admitting that the case is a favorable one, and the lens has been got rid of, so that the circle formed upon the retina by the rays transmitted by the apex of the cone, is reduced in diameter, and its brilliancy increased to such an extent that passable vision might be enjoyed; still there is another source of confusion that must be taken into the account. The object is supposed to be placed in the prolonged axis of the cone, and its image on the retina sufficiently clear and defined to give rise to a more or less clear perception of the object, still it will be much confused by those rays that fall upon the sides of the conical cornea. The angle of incidence of those rays is different in every zone, and hence the point to which the rays are refracted by each zone of

the cone, is at a different distance from the retina. The central image then, produced by the apex, is covered and confused by a great number of circles of different sizes and degrees of intensity. It was for the purpose of cutting off all those side rays, and thus getting rid of these perplexing circles, that Travers proposed the use of a diaphragm, with a hole or slit in the center for the patient to look through. Concave glasses, adapted either behind or in front of the opening in the diaphragm, may also be of service in rendering vision more distinct. It is only in cases where the degree of projection is moderate, and the summit transparent, or nearly so, that the removal of the lens, followed by the use of the diaphragm, and a concave glass, is likely to improve the sight of the patient. In an aggravated form of the disease, all these things are of little or no avail, and the unfortunate victim is beyond the reach of any remedial measures yet known to our science. The method practiced first by Tyrrell, of England, of displacing the pupil from the center to a point behind a part of the cornea less altered in its physical properties, is said by him to be followed by benefit in 2 cases out of 8.

MR. WALTON says he has drawn the pupil to one side several times without the slightest benefit. The operation is performed by making an incision near the border of the cornea, seizing the corresponding edge of the pupil with a small pair of forceps, or a hook, and drawing it out through the wound. The portion drawn out may be snipped off with a pair of scissors, or left to adhere in the wound of the cornea. Some surgeons have practiced with alleged advantage, dislocation of the pupil followed by the operation of solution for the removal of the lens. The application of mydriatics is sometimes productive of advantage to sight. Repeated *paracentesis oculi*, combined with moderate and long continued compression, is recommended by DESONARRES. Of the *thousand and one* remedies, local and constitutional, that have been, at various times, tried and recommended, I shall not speak, for I have no faith whatever in their efficacy, either in remedying the deformity, or in preserving the other eye, in case only one is implicated. It will merely allude to the plan pursued by Dr. Pickford, in accordance with his peculiar pathological theory, that the disease is caused by a derangement in the functions of the

great sympathetic, spinal and par vagum nerves, which operates upon the nutrition of the cornea through the lenticular ganglion and the fifth pair of nerves. He vomited and purged his patients daily for a number of months, and then, I believe, followed it with a course of tonics, and reports some cases that were cured by it, and others greatly improved. I have never tried or seen tried, this plan of medication, and as long as I have a spark of humanity, or a "drop of the milk of human kindness" in my soul, I shall never be cruel enough to seriously propose it to a patient.

In the conclusion of this subject, I would say to the profession, that if any of them have seen cases of genuine conical cornea, they will greatly oblige me by communicating to me the result of their observations, whatever they may be.

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#### REVIEWS AND NOTICES.

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ART. V.—*Medical Jurisprudence*. By ALFRED S. TAYLOR, M. D., F. R. S., Hon. M. D. Univ. St. Andrews, Fellow of the Royal College of Physicians and Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital. "Weniges aus vielem. Eine kleine auswahl aus einer umiber seh vahren menge."—Carus. Fourth American from the fifth and improved London edition. Edited with additions by EDWARD HARTSHORN, M. D., one of the Surgeons to Wills Hospital, etc. Philadelphia, Blanchard & Lea, 1856.

WHILE it would be unreasonable to expect every medical practitioner to be an *expert* in medical jurisprudence, yet we shall speak in very reasonable limits if we require that every medical man should be familiar with its general principles—and to meet his duties as a safe and successful physician, independent of any duties as medical jurisconsult, he will need to have a large store of its most important details as familiar as household words. Every medical man, however, is liable at any day to be called to give his professional opinion in criminal investigations involving life and death; and we are very happy and proud to record the fact, that in many of these cases that have come under our observation within this year, the testimony of medical witnesses has been such as to reflect high honor upon themselves as individuals, and upon the profession they represent. A new interest has been given to the study of medical jurisprudence,

within a few years past, in that chemical research has been called into requisition to afford new, subtle and deadly poisons for criminal purposes: while a profounder scientific research has been given to the study of their tests and antidotes; two instances have been very prominently public within a few years past, of this character—one in which *nicotine* was used to produce the death of a person regarded as in the way of an inheritance—another, more recently, in which *strychnine* was the agent for a similar purpose—the famous Palmer case. We repeat that we can not expect the man engaged in the ordinary duties of professional life to be sufficiently expert to detect these extreme cases; but every one ought to be posted up in all these *general* details, in such a degree that he could at short warning lay his hand on the chapter that would refresh his memory, and fit him for giving evidence—safe—truthful—credible. To meet what must always be a want for the general practitioner, there is nothing better as a work for study or reference, than the one announced at the head of this article; indeed very respectable authority has spoken of Taylor's Medical Jurisprudence as "the best *manual* on its subject in any language." It has for many years ranked first among our most popular text books, and has enjoyed this favorable regard with readers of every kind—not only with the medical man, but with legal and general readers. With this established reputation, it would scarcely be in place to give any summary of the contents of Dr. Taylor's book, in announcing this new edition. The author has made a thorough revise of the work, adding new matter on its most important divisions to the amount of upward of one hundred pages. "Under POISONING, numerous cases have been added, including new facts regarding the fatal doses of some of these agents, and the pathological changes which they produce." So, too, the chapters on WOUNDS, INFANTICIDE, etc., have received additional illustration, and new cases. The American editor, Dr. Hartshorne, has been limited in his duties; nevertheless he has incorporated in the form of addenda, valuable notes and references—especially references to the new work of Wharton and Stillé. The publishers have presented this new edition in most excellent and substantial style. ‡

For sale by Moore, Wiltach, Keys & Co. Price, \$3 00.

ART. VI.—*The Medical Profession in Ancient Times*. An Anniversary Discourse, delivered before the New York Academy of Medicine, Nov. 7, 1855. By JOHN WATSON, M. D., Surgeon to the New York Hospital. Published by order of the Academy.

WE have read this elaborate discourse of Dr. Watson's, carefully and with much interest and gratification. The author has evidently entered upon this task with a relish, and in its accomplishment new prospects seem to be continually rising before his vision, so that those labors seem but the preparation and incitement to renewed efforts. The study of *The Fathers* seems to be on the increase, as a literary recreation in our profession; we are glad to see it, and trust the model will serve to stimulate us all to a more earnest imitation of their virtues and energy of purpose. We tender our thanks to Dr. Watson for the discourse, and to the Academy through whose auspices it is given to the public. ‡

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ART. VII.—*The Half-Yearly Abstract of the Medical Sciences*: being a practical and analytical digest of the contents of the principal British, American, and Continental Medical works published during the preceding six months: Together with a series of Critical Reports on the Progress of Medicine and the collateral Sciences during the same period. Edited by W. H. RANKING, M. D. and C. B. RADCLIFFE, M. D. No. 23—January to June 1856. Philadelphia: Lindsay & Blakiston. \$2.00 per annum.

WE are under obligations to Lindsay & Blakiston for the last number of this old and well established serial. Its character is well indicated in its title; and of this number we have only to say, it amply sustains its reputation. It may be obtained in this city from H. W. Derby. ‡

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ART. VIII.—*On the Diseases of Infants and Children*. By FLEETWOOD CHURCHILL, M. D., M. R. I. A., Hon. Fellow of the College of Physicians, Ireland; Hon. Member of the Philadelphia Medical Society, etc., etc. Second American edition, enlarged and revised by the author. Edited with additions, by Wm. V. KEATING, M. D., A. M., Physician to St. Joseph's Hospital, Fellow of the College of Physicians, etc., etc. Philadelphia: Blanchard & Lea, 1856. pp. 735.

It is with pleasure we notice the appearance of the second edition of this excellent work on the Diseases of Children, which was originally produced at the solicitation of the American publishers. It has been carefully revised by the author, and all the information added which has been derived from recent researches. Every paragraph, says the author, has been carefully gone over with a view to correction, and suggestions made by reviewers have been carefully weighed, and adopted when correct. Several

entire new chapters, and portions of chapters, have been added, and especial reference has been had to American authorities so as to adapt it to the wants of this country. This has been done so fully that little has been left for the American editor. The references in this volume to authorities are unusually large, thus showing a great amount of research into the literature of this department.

We feel that it is no more than justice to add our recommendation, most cordially, of this work, as being among the best we have on this subject.

For sale by Moore, Wiltach, Keys & Co. Price \$3.00. °

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*The American Journal of Dental Science*, for July, 1856, is on our table. It is edited by CHAPIN A. HARRIS, M. D., D. D. S. and A. SNOWDEN PIGGOTT, M. D., and published quarterly by Lindsay & Blakiston, of Philadelphia, at \$5.00 per annum. Any of our Dental friends wishing a substantial journal will certainly find this to fill the bill. Exchanges, communications, etc., should be directed to the editors, Baltimore—Subscriptions and business letters to the publishers. †

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*The Physician's Visiting List* for 1857. Through the politeness of the publishers, Messrs. Lindsay and Blakiston, we have received this very useful and popular Diary for the coming year. It contains the *Calendar*; table of *poisons* and *antidotes*; a very convenient table for calculating the period of utero-gestation; blank leaves for visiting list, memoranda, addresses of patients, nurses, memoranda of wants, obstetric and vaccination engagements, etc., etc., etc. Such a convenient pocket Diary and Memorandum Book is almost indispensable to the physician; and those who have become accustomed to their use will scarcely know how to do without them. Still, convenient as it is, we are under the impression that it might be improved in some respects; thus we think it objectionable that an arbitrary amount of space is given to each day and week of the year; that in the visiting list each week must be posted *separately*; that in the arrangement of weeks, the end of one month and the beginning of the next



come on the same page frequently. To obviate some of these objections we have heretofore been in the habit of using a visiting list and daybook ruled thus:

NAME AND DATE.	VISITS AND PRESCRIP.	MISCELL.	FEES.
John Smith, 1, 15, 20.	1 P. ,	, , Vac. child.	\$2 50

This however, is perhaps mostly a matter of taste and habit.

We notice the publishers have sent us their *smallest size*; it will probably abundantly answer our purpose, but is not commendable as a habit on *their* part. And by this we are further reminded that publishers are too frequently addicted to sending new books for notice in the journals of an inferior style of binding, and as a general thing the more *expensive works are entirely withheld*; we take this occasion to express our opinion, that this is poor economy, and not strict justice on the part of publishers. There is no advertisement of new publications as valuable as their notice in the journals; we think, therefore, that as a mere matter of equivalents, editors and journals whose opinions are worth having at all, are fully entitled alike to current publications of the best style of mechanical execution, as also to the more occasional and expensive works as they are issued. ‡

## EDITORIAL AND MISCELLANY.

### PUBLIC HEALTH.

THE health and lives of the citizens of a commonwealth are proper subjects to engage the attention of legislators. They are both valuable to a State, and form an essential portion of its wealth and prosperity. Whatever injures one or destroys the other, should be sought out and abated if possible. A properly executed and wise registration law must exist, for the purpose of collecting Vital Statistics, upon which proper Hygienic measures may be based. It is a well known fact, that a large number of the *causes* of ill health and death may be removed, but they must be ascertained before a remedy can be applied, and this is within the province of a properly regulated Sanitary Police. Some of

these causes relate to the *general condition of the atmosphere*, and to which all are alike exposed; such as climate, seasons, temperature, moisture, dryness, weight, composition, malaria, and those hidden conditions of the atmosphere which have been called epidemic causes of disease. Other causes may be *local*, such as bad water, defective sewerage, drainage and surface cleaning, animal and vegetable effluvium, imperfect supply of light and heat, and filthy, damp and badly ventilated dwellings, etc., etc.

Then again we have a class of causes which have been denominated *personal*, and includes hereditary constitution and imperfect or diseased organization, improper food, drink and clothing, occupation, habits of life, exposure, excessive physical or mental exertion.

The first of these can not be entirely avoided, and yet a proper study of their effects in particular constitutions and localities may be very important in a Hygienic point of view.

The second class of causes are among the most important, because they are more under the control of human agency, while at the same time they are very numerous. By being duly impressed with their importance, some advancement is made in reference to their removal. They are liable to beset us at every moment of our existence, through the impressions they make on the atmosphere. It is necessary to the enjoyment of health that the system be furnished with a regular supply of atmospheric air, and good wholesome water. Both of these may be deteriorated by various causes, which must be soon removed, or disease and death result.

In cities, defective drainage is a frequent cause of disease; decaying organic matter may even become the cause of pestilence. The proper ventilation of streets, alleys, courts and houses, should be a matter of municipal legislation. Every building should be inspected during its erection and rendered safe in respect to its strength, ventilation and capacity to resist fire. The ravages of disease should be prevented, when possible, with as much care as the destruction of a city by fire. In one case it is only property, while in the other life is sacrificed.

Among the personal causes, hereditary tendencies may often be counteracted by proper treatment. The effects of defective food,

improper clothing, certain occupations, bad habits of life, etc., etc., are quite apparent to the attentive observer.

One of the great objects of a proper system of registration, is to point out these causes clearly, and thus lay the foundation for the application of the proper remedies.

To aid in this work our profession should be ever ready, and the public have a right to expect our co-operation. This is a department in which every true physician is willing to work, while the quack and charlatan who fatten on the calamities and misfortune of their fellow citizens, have never yet been known to lend a hand. In it consists one of the landmarks distinguishing the true from the spurious physician. \*

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#### MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

WE have been favored by a friend with the proceedings of the Convention, and of the Medical Society of the State of California, held in Sacramento, March, 1856. An invitation was addressed to the members of the profession throughout the State, which resulted in the assembling of about seventy-five physicians, representing sixteen counties, for the purpose of forming a State Society. The convention elected B. F. KENSE, M. D., of El Dorado, President.

The principle objects accomplished by this meeting were, *first*, the formation of a State Society, with a Constitution and By-Laws. *Second*, The adoption of the Code of Ethics of the American Medical Association.

A good primary medical education attested by a diploma from some known medical school of good repute; and a good professional and moral standing in the community, are conditions for admission into the State Society. A committee was appointed to prepare a bill and urge its passage, aiming to give legal recognition to the medical profession of the State, and as far as possible, to protect the people from empiricism.

Provision was made for the establishment of a Medical Journal, to be edited by Dr. J. F. Morse, of Sacramento.

A resolution was adopted commending a proper devotion of medical men to the interests of the profession, and expressing a

“sovereign contempt for that species of professional mountebankery that seeks to secure public favor and pecuniary advantage, by foisting upon public attention, through newspapers and otherwise, the peculiar qualifications of their author to treat particular diseases, either in the department of medicine or surgery.”

Standing Committees were appointed as follows:

On *Practical Medicine, Medical Literature and Hygiene.*

On *Surgery.*

On *Obstetrics.*

On *Medical Topography, Meteorology, Endemics and Epidemics.*

On *Indigenous Botany, or Domestic Adulteration of Drugs.*

On *Medical Education.*

On *Publication.*

*A Committee of Arrangements.*

A resolution was passed inviting members to propose subjects of scientific interest for discussion by the Society.

Also, one recommending the profession in the different counties of the State to organize County Societies, for the purpose of co-operating with the State Society in promoting the interests of the profession.

A Committee was appointed on Prize Essays. Measures were adopted to collect Zoological, Botanical and Mineralogical specimens.

We have thus given an imperfect outline of the doings of our brethren in California. We can not too heartily commend their zeal and interest in relation to professional matters. The tone and general bearing of the proceedings would do honor to much older communities.

It will be seen that the excellent Code of Ethics of the American Medical Association has been adopted.

We predict for the Society great usefulness, and that it will be an honor to the State, and that the profession will soon be enriched with valuable contributions from that far off region. °

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HEALTH OF THE CITY.—Our city has been unusually healthy during the past summer, and continues so at the present time. By comparison with the year 1855, we find the following results during the months of June, July and August, in reference to mortality.

In 1855 there were 334 deaths in June: 503 in July, and 663 in August; in all 1500. In 1856 there were 283 in June, 321 in July, and 305 in August; in all, 909. We believe that no cases of malignant cholera have occurred during the present season. So far as we have heard, the population of our whole country is enjoying an unusual degree of health.

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*New York Journal of the Medical Sciences.*—After a temporary suspension to admit of the necessary negotiations, this old Journal is again on our table, under a new editorial organization. The *New York Medical Times* is merged into the *Journal*, and Dr. Bulkley is added to the editorial corps, so that we have Drs. Purple, Smith and Bulkley as the trio. We trust the *Journal* will live many a day to do good service in the cause of our profession, its improvement and stability. †

*More Professional Changes.*—In addition to various changes and appointments heretofore noticed in the *Observer*, we have that of Dr. T. G. Richardson, of Louisville, Ky., elected to the chair of Anatomy in the Pennsylvania Medical College, to fill the place of Prof. J. M. Allen, resigned. We understand Dr. Richardson accepts.

——— Prof. St. John, for many years the able Professor of Chemistry in the Cleveland Medical College, accepts the same department in the College of Physicians and Surgeons, of New York.

———It is somewhat singular, as well as complimentary, that the West has furnished so many of her leading men during this year to fill important appointments in Eastern schools—Prof's Gross, Flint, St. John, Richardson. This fact, to the reflecting, might possibly suggest the hint that our own schools might, for the most part, be supplied with very capable lecturers and teachers of indigenous growth and cultivation—"to the manor born."

———In this connection we may remark, to all interested, that Prof. Flint, in withdrawing from Louisville as a medical teacher, does not simply "return to Buffalo" as a private citizen,

but goes back into the *Medical Department of the University* as Professor of Clinical Medicine and Pathology—to which, also, we have no hesitation in saying he becomes a valuable addition. This much to satisfy the *Buffalo Medical Journal*, which seems somewhat exercised, in that, medical journals spoke of Prof. Flint as simply “returning to Buffalo,” while, really, he had never removed therefrom, and fancies an *intentional* omission for fear of some advantage to the Buffalo Medical School. We think it scarcely worth a special notice, but so far as we are concerned, beg leave to plead *not guilty* of malice aforethought, and respectfully suggest that a few more such articles will convince us that our friends of the *Buffalo Journal* are what doctors are popularly represented—rather a touchy institution. †

——— Among our variety of secular and political exchanges, we receive one which is edited by a “Doctor,” and which, in many respects, is a very respectable weekly sheet; but somehow it has an unaccountable proclivity to quackery, i. e., considering its “broughten up.” To say nothing of its excessive quantity of nostrum advertisements, just twig this card of the editor himself:

“Dr. M—— may still be consulted at the H—— office. Persons laboring under chronic or acute rheumatism, gonorrhœa, or syphilis, in any of their stages, may be *cured* by applying to Dr. M——, taking his prescriptions, following his directions, and paying for his services. He pays particular attention to the ailments of females, and his assistance may still be had in the hour of their greatest peril. Persons with ague applying to him will be *cured* promptly and permanently, but they must follow directions and pay the bill at once.”

There, we call that a model quack advertisement, sprinkled with a fair share of humor. We are mostly surprised in seeing it, however, in that the editor regularly receives and *seems to appreciate* two such excellent medical journals as the *Observer* and *Lancet*. Let us suggest to Dr. M. *it won't pay*. You are not intended for a regular quack, and *dabbling* in the muddy pool never gives any considerable return either in complacency, self respect, or dollars.

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*End of an Ill Chosen Career.*—"Dr. Ramsey, confined in the jail at Sparta, Alabama, on a charge of forgery on the Pension Office, committed suicide on the 27th ult., as stated in the *Savannah Georgian*."

The wretched *finale* chronicled in the above slip from one of the daily papers should be an impressive warning not only to the young professional man, but to every young man of the land who desires the sweet repose of a pure and spotless reputation. Whoever steps aside, ever so cautiously, ever so *slightly*, from the stern pathway of unbending rectitude; whoever deviates, ever so slightly, from the course of strict professional honor and truthfulness, has started in the gliding, dangerous highway of the transgressor. He is rapidly making shipwreck of that pure conscience and peace of mind that should be guarded in panoply of steel, to cheer and support him through the trials and anxieties that surround the pathway of every earnest, faithful member of the profession. It will be remembered Dr. Ramsey started out in his professional career manufacturing professional reputation by reports of remarkable statistics and cases, which, eventually, proved to be *fictional*. It seems, however, his taste for forgery, checked by the Charleston *expose*, was only diverted into another channel, which, though not more dishonorable, happens to be more dangerous in the eye of the laws of the land. Confined in a felon's cell, he has ended his miserable career by the suicide's cowardly hand.

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*Medical Patents.*—At the last meeting of the Pennsylvania State Medical Society, the following resolution was adopted:

"*Resolved*, That the members of the Medical Society of the State of Pennsylvania, and the profession generally, be recommended to use their influence with the druggists and apothecaries of their respective neighborhoods, to induce them to discontinue the purchase of patent and quack medicines and patented instruments; and that physicians be recommended to withhold, as far as practicable, their patronage from such apothecaries and druggists as persist in the sale of the articles indicated."

This resolution contains sound doctrine, and it is to be hoped that the influence of so respectable a body will be felt in carrying out its objects.

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*A New Lightning-rod.*—A friend has called our attention to a new form of lightning conductor, invented by Mr. Munion, of Indianapolis. Mr. Munion has selected *copper* as the material, on account of its superior conducting powers, instead of iron, as more commonly used. For this rod a strip of copper is taken, doubled on itself so as to make a tube with flattened edges; this peculiar tube is then twisted in a spiral form, so that the whole complete is *quite handsome* in appearance, *very light* and *very strong*. These features, together with the high conducting capacity of the material, we are very sure will render Mr. Munion's invention a very popular one. We have shown the specimen, in our office, to some of our scientific friends in this city, who very cordially commend it as certainly a decided improvement on the lightning conductors now in use. †

*To the Members of the Ohio Medical Society.*—The undersigned, appointed a committee on publication, at the last session of the Society, upon consultation and in view of the facts that but two papers have been furnished within the time required for publication, and that the minutes of the last meeting have been fully reported in the medical periodicals of this city, and that the Society will hold an adjourned session in January next, deem it inexpedient to publish the transactions in the usual form until after the January session.

S. B. DAVIS,

J. B. POTTER,

GEO. W. MARIS,

G. P. LANDON.

Columbus, O., June 21, 1856.

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#### THE GENERAL CONDUCT OF THE MEDICAL PRACTITIONER.

We find the following in "Tanner's Clinical Medicine" under the above caption, which so fully expresses our sentiments that we have concluded to present it to our readers. We are quite sure it will receive the hearty assent of every member of our profession, both in theory and practice, who is of the right stamp:

"Although much might be advantageously written upon this subject, yet a few words must suffice. The mere fact that the practice of medicine arose from an instinctive impulse to relieve



the pains and sufferings of others, is sufficient to show that the medical man, of all men, should be free from that vice which is the besetting sin of mankind—selfishness. He must, indeed, be thoroughly contented to live, not for himself, but for others: not to look to his own interests, not to be guided in his actions by motives of policy: but to let the rule of his life be to do as much good to others as possible. He should think as little of pecuniary rewards as is compatible with his own interest and that of his brother practitioners, remembering the maxim adopted by La Bruyere from Confucius—that he who esteems gold more than virtue will be likely to lose both gold and virtue. The physician to be successful must not only possess a sound practical knowledge of his profession, but he must also be careful that his moral character be free from blemish—that his general conduct be not only above vulgarity, but such as to excite the respect of his friends and neighbors: that he be conscientious, attentive, careful of the secrets of those who consult him: unmindful of the worldly condition of his patients: sympathizing, calm and circumspect in his behavior generally. As it is his object to prolong life, so he must leave no means unpursued in order to obtain his object, remembering that the mere prescribing of medicines is often the least part of his duty. It would, indeed, be well if medical men generally thought more of the *moral* remedies at their disposal: and if more attention were bestowed upon soothing the fleeting moments of the afflicted, by inspiring them with hope, confidence, and ease of mind. A man who practices his profession conscientiously will never be unmindful of the duties which he owes to his colleagues—to those treading the same path as himself. He will carefully avoid all such short-sighted proceedings as may tend to elevate himself by depressing others: he will strictly eschew those disgraceful methods of obtaining notoriety—newspaper puffing or prescribing: and he will hesitate at giving, as a rule, gratuitous advice, where such is not needed by the circumstances of the patient, and where such a course of proceeding must injure those who are content to receive a small remuneration for their toilsome labors, and whose daily bread probably depends upon their obtaining such a return for their exertions.

The encouragement bestowed upon medical men is, for the most part, very deficient: their worth and usefulness being unacknowledged: their fatigues and anxieties unheeded, and their usefulness and disregard of wealth abused. While striving to diminish the sufferings of their afflicted fellow-creatures, can it happen otherwise than that their feelings should be hurt by observing the attention paid to men practicing the most palpable absurdities and deceptions, by witnessing the success of homeo-

paths, table-turners, mesmerists, and such like? Has it not, however, always been so? Does not Bacon himself tell us that "the weakness and credulity of men is such, as they will often prefer a mountebank or witch before a learned physician," and is the present age less credulous than that of the great philosopher? I fear not! But it is the prerogative of superior minds to rise with the occasion. Let us, therefore, individually and collectively, as students and practitioners, strive to improve our art. Let us each endeavor to attain that mental sagacity which will enable us to perceive the important features of cases coming under our care and the salient points of diagnosis—that wisdom which can foresee the course and progress of disease—that judgment which will enable us to select the proper remedies, and that calm determination which will render us capable of insisting that the necessary measures are thoroughly carried out."

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INVERTED OR IMBEDDED NAIL. BY J. P. BATCHELDER, M. D.

This very troublesome complaint is usually located at the inner side of the great toe nail—sometimes at both sides, and seldom implicates the nail of any other toe, and never, to any extent, those of the fingers. It is always, we believe, caused by wearing a tight shoe, the pressure of which bends the side of the nail downward and retains it in that position till, fixed by the growth of the part, it becomes a constant source of discomfort to the patient and annoyance to the surgeon, and almost an opprobrium to the profession. Various methods of treatment have been proposed and practiced by different surgeons, none of which shall we stop to canvass. That which is, however, most generally in vogue at the present day, is to slit up, and extirpate, the inverted portion of nail with a pair of forceps; this method, harsh and cruel as it is, seldom effects a radical cure, for as soon as this part of the nail grows out again, the plague returns, and commonly with increased severity, so that the surgeon as well as the patient, becoming desperate, resolves, and actually does tear out the whole nail,\* but this, to the chagrin of both, seldom effects a cure—certainly not always, or even generally, according to the observation of the writer.

This affection should be regarded as an ulcer, which, irritated by the circumstances of the case and situation of the part affected, is kept from healing by the presence of a portion of the nail,

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\* I can never even think of this operation without a shudder—it being so like the practice of the savage, who, when actuated by the most intensified desire to inflict the greatest amount of torture upon his unhappy victim, has recourse to this very expedient as a dernier resort—a refinement in cruelty.

which acts as an extraneous body. Like the carious ulcer, it discharges a sanious fluid, and protrudes a fungus, which grows afresh when destroyed by caustics, or shaved off with a knife, and actually refuses to heal so long as the offending cause, the inverted nail, remains; but the absolute and entire removal of even the whole nail, in the manner usually practiced, is followed by a cure which is only temporary; for as soon as the nail grows out again, the trouble, as has been stated, returns, and generally in an aggravated degree. Notwithstanding the ill success which attends the customary modes of treating this complaint, they must prevail until a better can be proposed, and this, we opine, an enlarged experience enables us to do. The following plan of treatment has invariably succeeded, and is, therefore, the only one we have ever tried.

1. Let the deflected portion of nail (which the patient has been in the habit of paring off as much as possible, in order to procure some degree of ease,) grow out to be as long as the rest of the nail, or rather to be on a line with the end of the toe:—an essential part of the treatment. While this is being accomplished, the patient should wear a loose shoe, i. e., one, the inner sole of which is fully as wide as the foot, and refrain, as much as may be convenient, from standing or walking.

2. When the inverted portion of the nail is adequately grown, cut a groove from the root to the end of the nail, along the line where the nail begins to deflect, which we will call, by way of distinction, the angle of incidence. In doing this, great care should be taken not to deepen the groove so as to reach the quick beneath—in fact not to make the portion of the nail between the quick and the bottom of the reigle so thin as to endanger the splitting of the nail along the groove, for this accident would infallibly stop the process, and compel the surgeon to wait until the nail had again grown out to the required length. This groove effected, the depressed portion should be gently raised and kept up by insinuating, likewise in the gentlest manner possible, a compress about a quarter of an inch in width, formed by the double of a piece of thin muslin, beneath the edge of the nail, between it and the flesh below. This part of the process should be very carefully performed, to prevent the aforesaid splitting up of the nail, as well as to avoid giving the patient unnecessary pain. The compress should be renewed from day to day, and at every renewal be forced a little further up toward the root of the nail, and its thickness also increased by the addition of one or two duplicatures of the cloth. This treatment must be persevered in until the nail is grown out to its full length, when the cure will be complete, and may be relied on as permanent. [Having

practiced upon this plan for nearly fifty years without a single failure, we have no hesitancy in making this announcement.]

When the treatment is first commenced, it may be well, and sometimes even necessary, to touch the fungous growth a few times with the nitrate of silver—more, however, to lessen its sensibility than to act as a caustic, which is rarely called for—the abnormal growth readily yielding to the pressure of the compress. The whole should be covered with a pledget of lint spread with simple cerate, and lightly bandaged. The patient will do well to keep the foot on a pillow in a chair, for a while at least. To prevent a relapse a shoe fully as wide as the foot should be worn. This alone, had it been resorted to at the beginning of the difficulty, would have effected a cure, provided the offending portion of the nail had been allowed to grow out and been kept duly elevated:—If, indeed, such a shoe had been always worn, the disease would have never occurred.\* The superiority of this method over others arises from the certainty with which the cure is effected, from its permanency, and also the small amount of suffering to which it subjects the patient.

There is another form of diseased toe nail which is occasionally presented to the surgeon, in which its distal extremity becomes elevated to a position nearly perpendicular to the toe. This is owing to some fault at the root of the nail, and is, according to our observation, amenable to no remedy but amputation.—*New York Journal of Medicine*, July.

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*Theory of Menstruation*, by R. E. CAMPBELL, M. D., of Benton, Ala.

Innumerable theories have been established to account for this function. Every author has brought forward one of his own, and now the medical annals teem with them, the student is often puzzled to select from among the number the most plausible one, and is consequently left in doubt as to a belief upon the subject. The faculty are divided, and scarcely any two of them arrive at the same conclusion. How important is it that we should discuss through the pages of our Southern periodicals, this important point; for by that means, we may become more conversant with

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\* In the construction of this article, little or nothing is gained by enlarging the upper-leather or cloth, as the case may be—it is widening the sole only which answers the purpose. This remedy, the wide-soled shoe, is equally as necessary and no less efficacious for the prevention and cure of corns as for the ailment under consideration. We have never seen a case of corns which resisted the broad-soled shoe more than five or six months, during which time the patient has been made comparatively comfortable. The cure may, however, be very much facilitated and expedited, as well as the sufferings mitigated, by soaking and paring the corn once or twice a week.

it, and from the collected experience of our brethren we may possibly glean some facts which will clear up much of the mystery which now envelops it.

We know that so soon as menstruation is well established, the female is, as a general thing, capable of procreation. There are some instances of women becoming *enciente* before the age of puberty, yet we must look upon all such cases as anomalies, and in no manner affecting the general rule. At this period, the whole corporeal and mental being undergoes a marked change; the limbs become rounded, and assume that beautiful symmetry so characteristic of the well developed female; girlish sports and pastimes are laid aside for more matronly pursuits, and there is a pensive countenance never observed in them before. But, to enumerate all of these changes would be useless, for every one is conversant with them. I contend that all women who are well formed and healthy, are capable of becoming impregnated after the first menstrual period. Nature, it seems, has made a wide provision in the female economy, whereby, after menstruation is established, she generates more blood than is necessary for the wants of her own system. This superabundance of blood is designed for the support of the product of conception. This seems to be clearly proved by the fact, that *when conception takes place, the menstrual drain ceases*, and the blood, instead of becoming a source of irritation, and being thrown off as formerly, now goes to the support of the fetus, as nature designed. When conception does not take place, the accumulation is each month (or about every 28 days) thrown off. It exudes from the internal parieties of the uterus, and is pure blood mixed with the acid secretions of the uterus and vagina. The foregoing is a synopsis of the theory established, if I mistake not, by Simon, and when we analyze it carefully, it seems far the most plausible one.—[*Atlanta Medical and Surgical Journal*.

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*We select the following cases from a very interesting article in the Nashville Journal. By W. H. BYFORD, M. D., of Evansville, Indiana.*

CASE 1.—March 8th, 1843, I was called to see J. N., aged nineteen years. His residence was in a malarious river bottom, on a farm. He was the son of a farmer, and his usual occupation in accordance with his situation as such. Sanguine nervous temperament, spare made, without any known hereditary proclivity to disease, and surrounded by all the comforts without possessing or indulging in any of the luxuries of life, regular and temperate in his habits, and had throughout his life enjoyed,

for this country, unusual immunity from the malarious maladies of the district in which he lived. He had been sick eight days; was attacked in the first place with what was considered, as his friends said, common ear ache. This was attended with slight fever, pain in the ear, temple and face, and slight discharge from the meatus auditorius externus. When I saw him the pain in the ear and the discharge had subsided almost entirely, but the patient was not convalescing in the manner his friends desired. He was listless, apathetic and weak, being unable to sit up much of the time, with a sense of chilliness when exposed to the air; the surface was dry, but very little altered in temperature. His tongue was dry (as was the mouth generally) and coated with a thin white layer, red tip and edges, and rather contracted in size; fauces red and somewhat sore; had very little appetite, but ate some light food regularly without loathing; had watery diarrhea of four or five discharges in twenty-four hours, occurring mostly in the night; pulse about a hundred, soft and rather weak. This about constitutes the sum of symptoms present when I first saw him. Although my prescriptions were the most appropriate my information and capacity could suggest, things remained in statu quo until the 21st, three weeks from the time of the first attack. In the morning, while stripping for the purpose of changing his linen, his father discovered some fullness in the inner side and front of the wrist of the right hand, which he believed was caused by a collection of pus. Upon making further examination I found the fullness extended to the elbow, along the inner aspect of the ulna, and gave evidence by fluctuation that it contained fluid. There was none of the tightness of an ordinary abscess, no hardened confines, no tenderness nor discoloration. There was simply a loose bag of fluid, flabby and flaccid, and like nothing else I had ever seen. It occurred to me that as this was a new and accidental discovery, careful exploration of the whole body might be rewarded by further disclosures. Accordingly I carefully examined the whole surface, and in the left leg extending from the knee to the external malleolus a similar bag of fluid was discovered. It possessed all the indefinite and undecided appearance and symptoms of the one above described. There was no redness or pain, no throbbing or other symptoms to lead to the suspicion that suppuration was the cause of the swelling. And I do not think that the carelessness ought to be attributed to our ignorance of these extensive collections of pus. His mother, an affectionate and considerate woman, and his father, an intelligent and good man, were both constant attendants at his bed side. His clothes had been changed as often as necessary for cleanliness, and he had been handled as much as ordinary,

and yet no person had suspicioned collections of pus, large or small. When his attention was called to them, he said he had had no pain there that he was aware of, nor had he any then. The limbs merely felt a little clumsy and stiff. It is true his mind was in a state of hebetude, not likely to take cognizance of a slight pain, but he was merely stupid, and sustained an intelligible and connected conversation when his attention was challenged by questions or allusions to his case, and I have no doubt if there had been much pain he would have noticed it. I punctured both places, and evacuated from the two, forty ounces of fair looking pus. They continued to discharge for seven or eight days, and very gradually ceased under the influence of roller bandages and compresses. At the end of the fourth week of the sickness, a tumor of a flat rounded form, the size and something of the shape of a tea saucer, was discovered at the lower angle of the scapula, and apparently extending under it. According to the father, it had all the marked appearances of the others. I did not arrive until the next morning, when I found that the appearances did not vary much from the above description. I punctured this tumor also, and evacuated six or eight ounces of pus, of a good healthy looking character. The second day after it had been opened it ceased to run, and during the night closed up. In the morning when examined, it was quite evident that it communicated with the bronchia. During respiration it was filled and partially emptied. The ear placed over it could distinctly hear the air rushing through these tubes into the caverns, as also the gurgling caused by its being partly filled with pus. There was great pain in the left side of the chest, and large bronchial rales could be heard all over this side; dyspnea and cough; more decided pyrexia; moderate amount of expectoration, apparently of mucus only. Up to the time of the appearance of this last collection of pus, there was no alteration of the symptoms worth mentioning in this report, nor until after it was lanced and partly evacuated. From this time forward the chest symptoms assumed a grave and threatening preponderance. The same day after the apparent bronchial communication, the patient began expectorating pus, and continued to do so for about a week in almost suffocating quantities. It gradually lessened in quantity, however, as all the others had, until after the lapse of about thirty days, no more pus was perceptible in the sputa. Although the prospects for recovery after the chest symptoms occurred in this case were small, the patient lingered through a tedious and doubtful convalescence of six or seven weeks, having been ill three months, and is now a stout, able-bodied young man, with no other external trace of his hazardous ailment than

a depressed left shoulder and contraction of the left side of the chest. Almost universal and very decided dullness on percussion, and scarcely perceptible respiratory murmur on auscultation of this side, leave sufficient evidence that there is a decided organic change in the structure of the left lung. I was at the time quite satisfied that the last collection of pus was mainly evacuated through the bronchial tubes, and upon reviewing all the circumstances of the case, can come to no other conclusion at present. One thing very remarkable in this case was that no hectic fever, as it is described in the books, occurred during its whole course, notwithstanding the discharge of so much pus from the different localities described.

CASE 3.—Called, 11th August, 1853, to see Mrs. W., aged thirty-six years, mother of five children, and then five months pregnant with her sixth. Has had "chills and fever" every day for three weeks; very weak, sallow, and considerably emaciated. She is English by birth, but has lived in America four years; three of this time spent in western New York; lived at her present residence only one year; very poor; unable to command any thing more than a very scanty supply of the necessaries of life; has no nurse; depends upon two little boys "to do for her" while her husband works for "bread and meat." All the family are, more or less, afflicted with intermittent fever. They are surrounded with a flat, marshy district, which is always damp and moist; in wet weather is miry, muddy, and almost inaccessible. Her health is generally very good; not aware of any hereditary tendency to disease. The cause of my being called at present was the discovery of a collection of pus over the right lumbar region. From appearances and history of the case, I supposed it to be muscular. Twelve or fourteen ounces of fluid, or laudable pus, were evacuated, and yet considerable remained. She informed me that she had had but little pain; that the swelling had been observed ten days ago, and was all the time increasing in size. Her attention was first called to it by a sensation of stiffness and soreness when she moved. The parts were flabby and loose, and no defined hardness could be observed as a limitary margin to the tumor, which was flat and eight or nine inches in diameter. About the end of a week from the time it was opened it ceased discharging, and was apparently quite healed up. By the time that had taken place, another equally large was ready to be operated on, just above the anterior superior spinous process of the ilium, on the left side. This was over two weeks being healed and discharged. It discharged a large quantity of pus, perhaps altogether over two pounds. By this time my patient, despite the use of tonics and as liberal and



nourishing diet as she could command, had become very feeble, and it was evident must soon succumb unless a change for the better could soon be brought about. Symptoms of abortion now commenced, and obstinately resisted every effort to avert them until a half-pauper fetus was expelled. No flooding or other disagreeable circumstance occurring, and the patient feeling much relieved, I was in strong hope that she would yet recover; but it was not so ordered. Fever of an irritable and low grade of action set in on the fifth day after delivery, and in about eleven days thereafter the right arm from elbow to shoulder seemed to be one entire bag of pus. How much was evacuated from this collection I am unable to say, but it was enormous for one so debilitated. From this time she gradually sunk, and in fifteen days from the time the arm was punctured, expired; but not before a pretty extensive parient tumor had shown itself above the left knee. This I did not puncture, as it was plainly impossible to be of any advantage to her to do so. In all three of these last collections I had an opportunity of observing the progress of the swelling, and I am confident no active local symptoms manifested themselves. Attention was in each instance arrested first by tumidity of that loose flabby nature above described. They all seemed to be mere bags of matter, without the usual strictly definable limits of abscess caused by the effusion of coagulable lymph.—*Nashville Journal, Sept.*

*The Effects of Denutition on Nursing Children.* By M. TROUSSEAU.

[Clinical Lectures, delivered at the Hotel Dieu. Translated for the Boston Medical and Surgical Journal. From the Gazette des Hopitaux, Dec. 1855.]

The most elementary questions in medicine are often the least understood. It would seem, at first sight, that we need not much concern ourselves about the riles which daily swarm beneath the feet of the practitioner; but remember that Stoil has written a chapter entitled *De rudibus signi momenti minutis*, and learn early to neglect nothing.

The infant has twenty teeth, the adolescent twenty-eight, the adult thirty-two. The evolution of the twenty teeth of the infant is not completed before the thirtieth to thirty-sixth month; but they are only temporary, for, at the age of seven years, he begins to lose them, exchanging them for others which are more durable. This process is normally accomplished at thirteen or fourteen years. Except the great king, who formed an exception to everything, and who was born, it is said, with two teeth, the infant comes into the world with defenseless jaws, and it is not till toward the eighth month that the first milk teeth appear.

But since the laws of nature are capricious, it often happens that one infant has teeth at four months, while another has none at the end of a year; hence no limits can be fixed. Generally, the two middle incisors of the lower jaw first appear, and I anticipate a stormy dentition whenever I see a child begin that process by the upper teeth. These two first teeth appear together, with an interval of twenty-four hours, forty-eight hours, four days, and sometimes a week, between them, but always *together*, remember, and they are the only ones which present themselves in this manner. Six weeks or two months afterward, the two superior middle incisors make their appearance, not together, but at the distance of eight, fifteen, or thirty days from each other. The process of dentition is thus very rapid for the first two teeth, and more slow for the others.

Meanwhile, two other teeth are about to protrude—the lateral incisors of the upper jaw—very soon, one or two months, after the upper middle incisors. Toward the end of one year, the child has six teeth, and whereas he began with two lower, he has finished with four upper.

The teeth of children appear in *groups*; *dentes in infantibus catervatim erumpunt*: first group, two inferior, middle incisors, at about eight months; second group, two superior middle incisors, toward ten months; third group, two superior lateral incisors, at one year, more or less; fourth group, two inferior lateral incisors and the first four molars (six teeth in this group, from fourteen to eighteen months); fifth group, four canines, from eighteen to twenty-four months; sixth group, four second and last molars, from thirty to thirty-six months.

The canine teeth appear after the infant has twelve teeth, and when he is from eighteen to twenty-four months old; their evolution lasts from two to three months, sometimes for ten months, then takes places, and at the age of three years, when those of the last group have pierced the gums (the four second molars), the process of dentition is finished.

It is not without object that I have spoken of groups; you will see that a knowledge of this arrangement is very important in respect to weaning. It is a fact worthy of consideration, that immediately after a group of teeth has appeared, there is an interval of rest for the child. Profit, then, by this interval to wean, for the moment is propitious. Do you know what is commonly done? Children are weaned indifferently when they have two, seven, nine, eleven, fourteen teeth; no attention is paid to the number. Now, I entreat you to pay close attention to this, otherwise you will lose your little patients by that terrible affection of the intestines, *cholera infantum*.

You will often be consulted as to the time for weaning; never give an opinion, therefore, until after a scrupulous examination of the state of the dentition, and do not authorize the mother to wean her infant until it has six, twelve, or sixteen teeth. Good practitioners will never permit a child to be weaned after the evolution of the first two teeth; the patient is too young; he is ordinarily but eight months old. It is only by careful management that you will succeed after the eruption of the third group; still, if you are strongly urged by the parents, consent, for you have before you a month or six weeks of respite before the evolution of the fourth group. Allow it, then, in case of necessity, but never forget that the child has only six teeth, that he is only a year old, and that artificial alimentation will not always be successful.

The most favorable period for weaning is, beyond all doubt, the interval separating the fourth from the fifth group. The child, in fact, is armed with twelve teeth, eight incisors, and four molars, and he has before him a tolerably long time of rest, about two months, during which there is no reason to dread any intestinal trouble, and when the canines begin to appear (which group causes the greatest danger in its evolution), he is accustomed to his new diet, and prepared for the crisis, which he is about to undergo.

Learn, then, to wait until after the fourth group, before weaning. If the health of the mother or nurse, or the circumstances of the family, oblige you to authorize an early weaning, always see that there are six teeth; but if, on the contrary, you are not obliged to yield to considerations of this nature, do not allow weaning until you can count twelve.

Do not imagine that things always go on so regularly. You will see children who have the molars before the incisors, or the superior incisors before the inferior incisors; for although dentition ordinarily takes place in the way I have described, it is no less true that it frequently presents irregularities which greatly perplex the physician who is earnestly watching for an interval of repose. In such a case, do the best which the circumstances will admit of; examine the state of the gums, and have the child weaned immediately after the complete evolution of a tooth, which will probably be followed by a period of repose, during which you will have leisure to guard against evil consequences.

Among the affections which are common to dentition, the most important, the most grave, and the most obstinate, are seated in the alimentary canal. A few days before it begins, the infant is restless, wakeful, cries violently, sucks its fingers, bites the nipple, refuses to feed, if it takes supplementary nourishment, and some-

times will not nurse. Its gums are red, and there is a very evident prominence at the points which the teeth are about to pierce; there is cough, the voice is changed, the mucous membrane of the mouth is irritated. From the moment the child has two teeth, the neighboring gums become inflamed, and the protruded teeth will be surrounded by a ring of red and swollen gum.

If you give mercury to a person who has no natural teeth, but who wears an artificial set, you will not see salivation, nor mercurial stomatitis follow. But if the patient have a single tooth remaining which has escaped destruction, the effects of the mercury are manifested around it. The gum surrounding the tooth will inflame, while the rest of the mouth will be free from disease. The same is true with regard to the first two teeth; their eruption causes no affection of the gums, which, however, swell and become red with the evolution of the second and succeeding groups.

In almost all children the process of dentition is accompanied with diarrhea. This is sometimes moderate, consisting of three or four dejections only, daily, but is frequently excessive, with green stools, resembling chopped herbs, or grains of curdled milk, with glairy, and sometimes bloody matter. In certain cases marked tenesmus manifests itself, with prolapsus of the rectum. These symptoms, which precede, by several days, the eruption of the tooth, often continue, and even last until the entire group penetrates the gums. If the diarrhea does not cease, you are aware what treatment should be adopted, and what attention should be paid to the diet. You will restrain and mitigate it as much as possible.

Would you advise weaning during this diarrhea? No, unless the nurse's milk seems to keep up the intestinal flux.

During the summer season, the injurious effects of dentition are chiefly directed towards the intestines, very rarely upon the air passages. Intestinal derangements, fever, peripneumonic catarrh, and other morbid pulmonary manifestations, occur in the winter.

I must warn you against a popular prejudice which I advise you to oppose on every occasion that offers. You will hear it said again and again, that diarrhea is beneficial to children; believe it not, for too often it will cause the death of your little patient. Diarrhea prepares the way for chronic enteritis, and chronic enteritis debilitates and destroys its victims. On the contrary, restrain the intestinal flux, and you will find that the other symptoms are much better borne.

In the same way, it is considered highly advantageous to leave untouched the filth which covers the head of a new born infant

This ridiculous prejudice no longer exists in England or America; let us do away with it here.

When, during dentition, the evacuations are merely more loose than common, without amounting to diarrhea, this slight derivative effort requires no interference, but it should not be allowed to continue too long.

It has been said that convulsions are common with infants whose bowels are constipated, but do not attack those who have diarrhea. This is not true. Convulsions almost always accompany diarrhea, and are prevented by a good state of the bowels.

I call your attention particularly to the diet, as a point of the greatest importance. If you neglect caution in this respect, you will have diarrhea, followed by enteritis, serious indigestion, and eclampsia. Nothing is more common than severe cases of indigestion, aggravated by enteritis, and leading to convulsions; and nothing is more alarming to the parents, who generally lose their senses, and while the domestics or the neighbors run to bring the doctor, the mother, following the advice of some officious gossip, pours hot water over the hands and feet of her infant; he is scalded, and dies from the effects of it. This reminds me of what occurred to an eminent brother-physician, Professor Marjolin, during the course of a typhoid fever, which threw him into a state of profound stupor. They applied to his legs napkins wet with water at a temperature of 158° Fahr. Large eschars followed, which were not completely healed for several months.

If convulsions occur, the less you do, the better. The attack, indeed, is most frequently over when you arrive, and although there may be a slight recurrence once or twice during the day, the remembrance of it only is left, the day after. If there have been indigestion, administer a laxative, in order to expel any undigested food; allow the child to nurse but little, give it water with some albuminous substance in solution, and in an urgent case, a bath, and you will soon see the alarming train of symptoms disappear. Almost any treatment succeeds in the majority of cases, even the infinitesimal doses of that absurd system—homeopathy.

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#### FOUR MONTHS IN EUROPE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS:—Having recently returned from a four months' tour through parts of France, Italy, Austria, Prussia, Germany, Holland, England, and Scotland, which I was induced to take, with a view to improve my somewhat impaired health, by relaxation, for a while, from active and laborious professional life,

and for general observation and improvement in the practical department of our profession, I can not but feel that I have made one discovery worthy of being recorded and made public.

Rapid as I made a journey of over 11,580 miles, in but a few days over four months, yet I made it my business to visit most of the Medical institutions, Hospitals and Museums of all the important places through which I passed.

My particular department led me to make the acquaintance of the most distinguished surgeons of the several countries above named, and especially to renew the acquaintance of some whom it had been my pleasure to meet for the first time in 1841, and again in 1848. Among those of the former class, in England and Scotland, were Mr. Hey, late of Leeds, but now surgeon of York Hospital, and grandson of the celebrated ophthalmic surgeon of olden times, and of the former place; also at Edinburgh, the grandson of the surgical author, Sir Benjamin Bell, whose given name, if not title, has descended to the third generation. Through my old and much esteemed friend, Prof. Handyside, I was introduced to the world-renowned Prof. Simpson, the discoverer of chloroform as an anesthetic, and equally celebrated for his treatment of female diseases.

When it was not convenient to obtain an introduction to surgeons in any other way, whose acquaintance I desired to make, my practice was to present my card, and in this way, in true Yankee style, introduce myself. On one of my visits to the Royal Infirmary of Edinburgh, I inquired for, and presented my card to, Prof. Syme; when I took occasion to remind him that I had been introduced to him some years since, both in that place and in London. In the same Hospital and in the same operating theater we were about to enter, I reminded him of my being present, and having witnessed his performance of two surgical operations in 1841—that the late Sir Chas. Bell was also present, by whose side I had the honor to sit, and who remarked, as Mr. Syme was about to commence operation (on observing that he was provided with dark, long cuffs drawn over his coat sleeves, and closely buttoned to his wrists), that “that was the greatest improvement which had been made in practical surgery for the last quarter of a century.” Before I had time to repeat the above quotation, it was on the tongue of Mr. Syme, who remembered it very distinctly.

If Sir Charles could have been present to witness the amputation of a leg below the knee, by Mr. Syme, in July last, as I did, without his having on the extra cuffs or sleeves—having on a handsome dress coat, with only the borders of the cuffs turned over, and beneath them, clean shirt wristbands, extending down

to the back of his hands; and yet, so dexterously and neatly was the operation done, that not a drop of blood reached any of his garments—perhaps he would have been induced to say that Mr. Syme had made still further improvements in the art of *operative surgery*.

I was quite anxious to visit Dr. Chas. Clay, of Manchester, the celebrated ovariectomy surgeon. I introduced myself with my visiting card. He received me with the utmost frankness and cordiality, and, in a few moments, we seemed to be as intimate as old and familiar friends.

He practices general surgery—but has much of his time employed in the treatment of female diseases. His forte, or specialty, if you please so to call it, is the operation for the removal of ovarian tumors. This was the subject of our conversation—and in a few minutes he invited me to visit with him a patient upon whom he operated six days before for the removal of a large ovarian tumor. In my presence he removed most of the remaining sutures of an extensive abdominal wound, which had all united “by the first intention,” except at the lower point occupied by the ligature placed around the vessels of the broad ligament and Fallopian tube. The patient was cheerful, and in good condition, and in every respect the appearances indicated a speedy and perfect recovery. This was his seventy-sixth case; and he informed me that he had on hand another, a lady from Liverpool, upon whom he should operate the next week. He politely invited me to remain in the place, and be present at the operation. My return passage was taken in the steamer Atlantic, which compelled me to forego the pleasure of such a surgical treat, and to make my way to Liverpool.

Dr. Clay proffered me a letter of introduction to Mr. Beckersmith, of Liverpool, who sent to Mr. C. the patient upon whom he was about to operate. In the absence of the senior Mr. Beckersmith, to whom the introductory note was addressed, I was received by his son, a young surgeon of much promise, and who invited me to witness an operation for lithotomy which he was to perform on the day of the sailing of the steamer—at an hour, however, too late to permit me to have embraced it.

Here, in justice to my own feelings, I can not but express my high appreciation of the kind and friendly attentions I received at the hands of the Edinburgh and Glasgow surgeons, as well as those of the Provincial surgeons of England. I am especially indebted to the politeness of Prof. Simpson and Dr. Handyside; and I am constrained to add, that I should feel still further gratified if I could say the same of some of the surgeons of the great metropolis of England. But I find I have wandered from my

subject, and I fear have laid myself open to the charge of "advertising myself!"

I have said that I have made one discovery worthy of being made known, even to the American medical profession. While in London I visited St. Paul's Cathedral; not particularly, however, with a view to examine its immensely magnificent structure, as I had done so years before, but with a view to see the monument that had been erected, since my last visit, to commemorate the name and fame of Sir Astley Cooper, one of the most noble and skillful surgeons of his or any other age. I am no "man-worshiper," but if I ever looked upon and venerated any man as being worthy of all confidence in the art and science of surgery, it was Sir Astley Cooper. While living, I had an intense desire to see the man of such world-wide reputation as a surgeon; but in this wish I was never gratified. He died but a short time before my first visit to London in the spring of 1841. But how shall I express my surprise at seeing chiseled in the marble, intended to represent his noble and majestic figure, that he died in 1842! On making this discovery, I directed to it the attention of the sexton, or person having charge of the building; who, of course, was unable to explain the error, or to throw any light upon the subject. I left London shortly after this visit to St. Paul's—and it was not till I had visited Scotland, and on my return, had reached Liverpool, that I could refer to the published date of the death of Mr. Cooper. On mentioning the subject to surgeon Beckerstith, he immediately repaired to his library, which was very extensive, took down a volume of Sir Astley Cooper's Biography, and soon turned to the point, where it stated that he died "six minutes past one, P. M., on the 12th of February, 1841, in the 73d year of his age." Lest I might have been mistaken in my impression as to the inscription on the monument, I wrote back from Liverpool to an old friend in London, requesting him to visit the monument, and to report to me in writing. Since my return to America, and within the last few days, I have received a letter from him, in which the mistake is confirmed.

So far as the fame and good name of Sir Astley Cooper is concerned, it matters but little whether the inscription on the monument is correct or not, as to the precise time of his death. No matter, even, if no monument at all had been erected to perpetuate his memory, so long as that memory shall be cherished in the hearts of the profession, and among the people at large; and while his published works on surgical subjects remain the monuments of his industry, of his skill, and of his benevolence, it matters little whether an error, inscribed, even on marble, exist now or not. But when we reflect, that generation after genera-



tion, for centuries and for centuries, may pass away; when we consider the perishable and combustible material of records in manuscript and in books, it would seem proper that the marble, safely deposited as it is in a structure that has stood the test of time and the influence of the elements for many centuries, should be made a faithful record of the earthly end of Sir A. Cooper.

The Londoners may think we are meddling with that which does not concern us, on this side of the Atlantic, and that we have no right to suggest a correction of so gross an error. Although Sir Astley Cooper was an Englishman, and lived and died in London, yet his professional reputation belonged to no nation, but to the world,—and I will assure our transatlantic friends, that, as Americans, we cherish his memory. ALDEN MARCH.

Albany, New York, September 11th, 1856.

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#### AMERICAN CONTRIBUTIONS TO MEDICAL KNOWLEDGE.

The multiplicity of medical periodicals in the United States evinces a degree of activity in the medical mind of our countrymen that has no parallel elsewhere; for while we have between thirty-five and forty regular medical journals, besides the periodical issue of the transactions of a large number of societies, to say nothing of the publications by the Eclectic, Botanic, Homeopathic, Hydropathic, and other quondam brethren, we believe that the British and French have only about a dozen each, and that the whole of Europe does not furnish as many as we do. And yet it is very questionable whether this state of things will ultimately prove beneficial to the profession at large, or even to its American branch.

Under existing circumstances, no one can become acquainted with the workings of the American medical mind without reading a number of periodicals well calculated to stagger any but an editor, and even editors are not always proof against the accumulated load of their table. It can not be denied that by increasing the number of journals we correspondingly multiply that of contributors. Many a physician, the result of whose observations might be useful, will feel himself stimulated to write and to impart his experience to others, if a journal be started in his neighborhood, who would otherwise have remained silent. Others will be disposed to imitate his example, and unexpectedly, perhaps, realize the fact that they also have views that ought to be made known, and that writing is not so difficult as they thought, nor the exclusive privilege of the favored few. Men are thus accidentally trained to the art of composition, and often become accomplished writers. In this way journals are eminently

useful within the sphere of their influence, and we would be the last to approve of any diminution of their number. We would, on the contrary, like to see as many published as the profession can or will support. But we must repeat that, in the present state of things, much of the most valuable matter intended to reach the general eye through such channels is never heard of beyond the more or less restricted limits of their own circulation.

It can not be expected that any practitioner in the United States will subscribe to all the American periodicals, besides those from abroad; and if any were found so liberally inclined, it is not presumable that he would or could give them all even a hasty perusal. With the exception of the copies we send to Europe in exchange for their publications, we may say that our periodicals are entirely unknown in foreign countries—whereas several of their journals are reprinted in this country, and extensively patronized. The writings of Europeans are not only brought directly to us, but our own journals cull most assiduously from them every paragraph supposed to possess the least interest. While our local periodicals are thus actively engaged in heralding the achievements of Europe, those of domestic origin remain unnoticed. In addition to the extensive circulation among us of European journals and reprints, the publications of Braithwaite and Ranking give a degree of permanency to their papers which is denied our own. I say, denied our own, because it is quite notorious that these “retrospects” and “abstracts” are devoted to the propagation of European views, and almost entirely silent with regard to what is said or done in America. Take up these semi-annuals, number after number, and you will look in vain for any evidence of the mental activity to which we have referred. Can it be that we do or say nothing worthy of permanent record? Foreigners are perhaps not so much to blame in this matter, when some of our leading periodicals make an equally meager showing for us under their heads of “Domestic Summary,” “American Intelligence,” &c. There is indeed no journal issued in our country which contains even the slightest notice of one-fourth of the valuable contributions to medical knowledge by American writers. The petty jealousies of rival schools and cities, and the more significant evil of sectionalism, tend materially to fetter periodicals sustained by antagonistic interests, and consequently to restrict their sphere of usefulness. We might mention some important discoveries in diagnosis, and in the treatment of particular diseases, which have never been alluded to in rival cities and sections of the Union, while some of the veriest puerilities of foreign prints will be found going the round in every journal of the land.

Now, we need a remedy for the evils pointed out, and the object of these remarks is, to urge upon the profession the adoption of one that may be effectual, without interfering with the interests already involved in local journalism. Let a work be published by subscription, semi-annually, bearing the title at the head of this article, or any other of similar import. Let it consist of three parts: the first to be made up exclusively of such papers contained in the original departments of the American Medical Journals, as may be deemed by competent supervisors, worthy of permanent record; the second, to be devoted to the review of American books on medicine and its collateral branches; and the third part, to contain abstracts of the contents of our medical journals, general medical intelligence, etc. Let the conductors of such a journal be men of industrious habits as well as of competent abilities, whose sole object will be to furnish us a complete and impartial reflex of the workings of the American medical mind during the six preceding months. Such a work, if well conducted, would enable us to become acquainted with the views of men of ability in every section of the country, and would at once become a standard book of reference in Europe, as well as in America. Writers might then enjoy the satisfaction of contributing to the literature of their own immediate neighborhood, and still feel that by so doing, their labor was not necessarily restricted to the limits of their local periodical. With the consciousness that merit would entitle their papers to a place in the proposed national work, they would be actuated by an incentive which they do not now experience, and would strive to do themselves credit abroad, as well as at home. Such a work would not conflict with the interest of existing periodicals, because it would publish no paper that had not already appeared in a local journal, with the exception of reviews. Physicians would naturally continue to support the journal of their own neighborhood, and take also the national work for more extended knowledge, as they do now the reprints of European retrospects.

We have no doubt that such a work, as we propose, would meet with the approbation and patronage of the American Medical Association, if the subject were brought before that enlightened body at their next meeting. We appeal to our editorial brethren, throughout the length and breadth of our great confederacy, to aid us in bringing about so desirable an undertaking. Surely there are many men in our large cities who have the requisite qualifications for such a task; and who, living where the facilities for printing and general dissemination are abundant, might find it advantageous to embark in the enterprise.—*South. Med. and Sur. Jour.*

THE  
CINCINNATI MEDICAL OBSERVER.

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Vol. I.]

NOVEMBER, 1856.

[No. 11.]

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ORIGINAL COMMUNICATIONS.

[Reported to the Lawrence Co. Med. Soc. Sept. 9th. '56.]

**ART. 1.**—*Death from Scirrhus of the Stomach, with post mortem examination, by D. LEASURE, M. D., of Newcastle, Pa.*

ABOUT the middle of July last, W. D. Janker, aged fifty one, applied at the office, stating that he had some pain in the stomach at times, of rather a singular character, but otherwise his health was never better. On making minute inquiries, I came to the conclusion that he labored under some of the ordinary forms of indigestion, and recommended care in regard to diet, and dismissed the case from my mind. On the 25th of August he again directed my attention to his case, stating that the seat of the pain had changed, and that he now felt it in the right side. His health, otherwise, was good, and the pain gave no inconvenience except in the evening, about seven or eight o'clock, when after lasting for a couple of hours it would cease, to return at the same period next evening. The pain seemed to be of a neuralgic character; and as nearly every disease in our district assumed an intermittent type, owing to our being in a malarious district, and in the light of an endemic of intermittent fever, I put him on

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the use of sulphate of quinia in conjunction with the compound powder of opium and ipecac. This seemed to produce the desired effect as long as he used it, but on stopping the powders the pain returned.

About the first of September he began to complain of a sense of fullness about the rectum which was not removed on defecation. On examination per anum, I discovered a very full state of the hemorrhoidal vessels, and as his tongue, which had hitherto been normal, was considerably coated and brown, and the tunica adnata of a yellow hue, I formed the opinion that there was some obstruction in the portal circulation, and under the use of a very mild mercurial course for a few days, these symptoms disappeared, leaving him in his ordinary health, with the exception of his evening exacerbations of pain, which were after a while confined to no particular part, but would be sometimes one place, and bye and bye another, though still seemingly neuralgic in its character.

During all this time, his bowels though sluggish, were not constipated, and when he took mild laxatives, as he several times did, they procured free evacuations of apparently healthy discharges. For the evening pains he took an ordinary dose of sulphate of morphia, with the effect of entirely avoiding his attack of pain. Thus he continued with little alteration till the first of October, having, in the meantime, visited the city of Pittsburgh twice, and Chicago once; his appetite all the while remaining very good, and digestion apparently unimpaired, his tongue clean, his skin natural, his bowels soluble, with no nausea or sickness of the stomach whatever, his pulse about sixty-four, and of its usual volume, and in short, nothing seemed to manifest itself to create any uneasiness as to his being in any immediate danger.

About the first of October, his symptoms became more urgent, though he did not suffer except from his evening pains, which required larger doses of morphia to avert them. I now made a more critical examination of his case, but with the exception of a dull, obtuse soreness on pressure in the right hypochondriac region, where there seemed some unnatural fullness, I could discover nothing out of the way. At his own request, I gave him twenty grains of calomel, and followed it with castor oil, which produced the ordinary evacuations after such medicines, and

about the tenth of October, he seemed much better, so that on the twelfth I left him and was absent from home till the twentieth. On my return I learned that on the thirteenth he had a violent attack of what appeared to be acute peritoneal inflammation, when he called in my friend, Dr. I. H. M. Peelles, who administered for him till my return, after which we attended in concert. On again subjecting his abdomen to examination, we discovered that the colon was very much enlarged or distended with solid matter, from the lower part of the sigmoid flexure the whole way up to, and along the transverse arch. It required very deep and firm pressure to detect it, as the abdominal walls seemed of unusual thickness. There was some soreness over the sigmoid flexure on deep pressure, but not much.

The appetite was now impaired; the pulse was more frequent, amounting to eighty; the tongue very little furred; still no nausea, unless when he took medicines of an unpleasant taste; and no vomiting. We now ordered enemata of warm water and molasses, which were followed by a copious evacuation of hardened scybala, showing the presence of impaction of the colon. As soon as the bowels were relieved of this portion of scybala, he grew sick at stomach, and vomited; and after this he frequently vomited when he would take medicine, and we relied almost entirely on the use of injections to remove the packing of the colon. I introduced the stomach tube into the rectum, and threw up warm soap-suds till the bowels would retain no more; after which he would pass large portions of the hardened lumps of feces.

At the same time, he was attacked with colicky pains, which we attributed to distension of the recently evacuated portion of the colon by gas. We gave him powdered charcoal for several days, with oil of turpentine until the charcoal appeared in the evacuations following the injections, intermixed with lumps of fecal matter, when we gave him a free dose of castor oil and turpentine, which brought away what seemed to be the last remnants of the packing, with a large quantity of mucus.

We now fairly expected our patient to get better; but were disappointed.

His general appearance was worse. His pulse grew more fre-

quent, his tongue grew dry, his thirst was intense, his skin dry, his abdomen more tender and swollen, his countenance haggard and its expression *abdominal*, an obstinate hiccup would annoy him for hours, and he ceased to ask for food at all; nevertheless, he drank milk to allay his thirst, which sat well on his stomach, and his bowels had natural discharges about the 8th to the 12th of November, which seemed to be such stools as would follow a milk diet. A large blister placed over the abdomen mitigated such symptoms as indicated peritonitis, but did no further good, though it was afterward re-applied with no better result. He now vomited every evening between eight and ten o'clock, though he threw nothing up except what he had last drank. He never vomited anything except something he had taken *immediately before*, though he suffered a great deal from nausea. During all this time he retained full possession of his intellect, unless I except the slight, half-dreamy incoherence, which sometimes resulted from the opiates he took to relieve the pain which was growing worse daily. He had no diarrhea at any time, and the liver and kidneys seemed to discharge their functions normally. He was now emaciating rapidly, and his vitality gradually giving out, and we despaired of doing anything but give relief from pain. Finally, he began to sink; and in order to keep up vitality till the latest moment, and thus shorten the final stage of sinking, which is apt to be prolonged in abdominal disease, we put him on a free use of brandy and water, which the stomach retained very well until on the 20th of November; he sank in a few hours, and died at eight in the evening.

*Autopsy, eighteen hours after Death.*

On exposing the surface of the abdomen, no unusual appearance was presented to the eye, the bowels not seeming more full than in a state of health. On making pressure, there appeared to be no unusual hardness, except in a region embracing part of the epigastric, the umbilical, the right hypochondriac, and right lumbar regions, where a large solid body resisted downward pressure, but seemed somewhat movable. The skin was of a yellow icterode hue, all over the body, but especially the face. On making an incision in the median line down to the peritoneum,

and opening that membrane, the cavity of the abdomen was found to be quite full of a bloody serum, of which about three pints were lifted by the sponge before the examination could proceed. On making cross incisions, and turning back the flaps, I found that the omentum presented a most extraordinary appearance, and adhered extensively to the anterior walls of the cavity. Carefully breaking up the adhesions, I exposed the whole anterior surface of the omentum, which had lost all its peculiar characteristics, and presented the appearance of a dark, reddish-brown granular mass, extending over the whole anterior of the abdomen, and varying in thickness from half an inch to an inch and a half. On turning up this body, the transverse arch of the colon was distinctly shown, but almost entirely enveloped in the same mass which appeared to have substituted itself for the omentum. The ascending arch, from the caput cœcum in its whole length, was also enveloped in the same manner, but more perfectly, so as to make the gut have the appearance of an open tube with inelastic sides. A few scybala were found loose in the cavity of the intestine, but no impaction.

The right anterior surface of the stomach was united to the concave surface of the liver by a dense deposition of the same substance, which had obliterated all semblance of peritoneum, and the convex surface of the liver was adherent in many points by the same material, to the walls of the cavity. About one-third of the anterior surface of the stomach presented a healthy appearance. A large and slightly movable tumor seemed to occupy the stomach itself; but on placing a ligature on the œsophagus near the cardiac orifice, an attempt to remove the stomach entire was found to be almost impossible, and an opening was made into the stomach, in situ, when it was discovered that the interior of that viscus was perfectly healthy, but entirely *empty*, while the pyloric orifice seemed to be distended to its utmost capacity, and retained in that position by the inelastic mass of tumor which surrounded it on all sides, and which was adherent to a portion of the concave surface of the liver, and to the posterior walls of the cavity of the abdomen. With great difficulty I succeeded in tearing up the adhesions, and after



placing ligatures upon the duodenum, I removed the entire mass. The tumor was about three inches in width, and six in length, irregular in its form, and firmly attached at one side to the omental tumor, of which it seemed to be the parent, for it showed signs of having greater age and maturity. On cutting open this dense tumor, its character was at once made manifest to every professional man present. The scirrhus characteristics were unmistakable. The firm, yellowish striated appearance of the tumor could not be mistaken, and the appearance of numerous true cancer cells, under the microscope, left no possibility of mistake. I have been induced to report this case, because of the absence of vomiting, one of the prominent symptoms usually relied on as characteristic of cancer of the stomach, and the presence of impaction of the colon, by no means a common or necessary complication of that disease. Both these conditions were satisfactorily accounted for on the post mortem examination. The fixed, patent condition of the pylorus, allowed the contents of the stomach free egress to the bowel below, and the deposition of the cancerous matter around the colon destroyed the peristaltic action of that viscus, and of course favored the accumulation of the contents in the form of scybalæ.

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ART. II.—*Remarks on Topical Treatment of the Air Passages,*  
by R. E. HAUGHTON, M. D., of Richmond, Ind.

Having noticed the Report of the Committee appointed by the New York Academy of Medicine, to consider the paper of Prof. Green upon the subject of Diseases of the Air Passages, and their treatment, I wish to remark first upon the first proposition of the Committee, viz: To settle the question of the passage of the instrument into the air passages. Well, how has it been settled in the language of the Report?—"That, in a great majority of instances, where injections are supposed to have been thrown into the air passages or lung, they have passed directly into the stomach." They would seem to say, then, that possibly an instrument may be introduced into the air passages, but it is quite doubtful. Dr. Green asserts that such practice is feasible

in the hands of an expert surgeon, and that it causes but comparatively little inconvenience to the patient.

This is my experience, and I now propose to give,

1st. Some reasons why I know the instrument, answering to Trousseau's injecting syringe, in my hands has passed into the air passages, carrying a solution of the strength of sixty grains to the fluid ounce.

2ndly. Further, that the sponge probang has been introduced into the air passages, armed with a solution of eighty grains to the fluid ounce, as Dr. Green remarks, with comparatively little inconvenience.

3rdly. The utility of treating the diseases of the air passages with remedies, directly applied to the diseased surface. In the first place, how do we know when a foreign body has been introduced into the air passages, and also when introduced into the esophagus. In the case of introduction into the larynx and trachea, the rational signs were present, as represented by the Committee in every instance.

#### TRACHEA.

- 1st. Suffusion of the face rapidly increasing to turgescence.
- 2nd. Great anxiety, not easily pacified.
- 3rd. Eyes wild staring, and running over with tears.
- 4th. Cough more or less violent, and at times spasmodic.
- 5th. Respiration, for a moment interrupted, which produces the alarm and excitement.

#### ESOPHAGUS.

- 1st. Suffusion slight, without much effort at coughing.
- 2nd. But little anxiety.
- 3rd. Eyes natural, but little suffusion compared with the other.
- 4th. But little cough, soon subsiding.
- 5th. Respiration but little disturbed.

Also, some additional rational signs I here present not mentioned in the Report, and which are valuable, as presenting undeniable evidence of the direction of the instrument. Not only so, but we have undeniable evidence of the direction of an instrument, if we have reference, to the anatomical arrangement of the parts about the larynx. We have the air passages composed of the lungs, the trachea, the larynx, closed by a fibro-cartilage (the epiglottis). This fibro-cartilage, its name being derived from a Greek word, signifying *upon the tongue*, is in shape, like a cardate leaf, and is immediately in front of the opening of the larynx, which it is intended to protect from all

foreign invasion, from bodies intended to be alimentary. In inspiration and expiration, this valve performs its office, and there is an indication presented to the physician, or surgeon, in those affections of the larynx, such as edema of the glottis, or inflammation of the larynx, when the respiration becomes labored, viz: the tongue is partially paralyzed, which assists in elevating the epiglottis, and thus admitting the air for which the patient labors. Then, in introducing an instrument, direct the patient to push the tongue forward, at the same time depressing it well at the root, carry the instrument backward till it passes behind the valve: then suddenly elevate the distal extremity of the instrument, and it is in the larynx, and it has been my fortune to see the instrument, as it was removed, applied behind, and grasped by the epiglottis. This evidence of the eyes is undeniable in regard to the position of the instrument. Next we proceed to consider the utility of the treatment of the diseases of the air passages, by direct remedial application. This idea has not as yet received an endorsement by the body of the profession, although it is now caught and adopted by some of the most eminent authorities of the present day. In the first place, let us glance at the subject of chronic laryngitis, a disease, before the adoption of such treatment, which might be said to be the appropriate medium of the profession. How is it now? Such cases are treated successfully every day, and by local applications. And how much more rational is our treatment. Instead of introducing our remedies into the stomach, which so often oppress and derange its functions, we now through the air passages apply our remedies to the inflamed surface, and produce a *positive curative* influence, whereas the original mode of treatment was only secondary, and feebly curative, if at all so. The principle is certainly a good one, and should be adopted whenever and wherever we can reach the diseased surface. The results of cases which have been treated, are sufficient to demonstrate what such treatment is able to accomplish, and instead of allowing such chronic troubles of the mucous surface to extend by continuity, till the more important structures become implicated, and still more serious disease follows, we should anticipate them by a radical treatment, and thereby preserve many valuable lives to society.

ART. III.—*Case of Poisoning, by Opium. Death of Dr. Smith.**By JOHN T. PLUMMER, M. D., of Richmond, Ind.*

On the morning of the third of Seventh Month, our community was startled by the intelligence of the sudden death of Dr. Wm. B. Smith, one of our oldest and ablest physicians. He had been subject, for some time past, to abdominal pains of a severe character, which he called colic, and for the relief of which, it appears he had been accustomed to take large doses of morphine or its salts. He never weighed the portions; but his young partner, Dr. Test, supposes they averaged one grain each.

This final paroxysm of suffering had existed several days; but on the second of this month, the pain was of so aggravated a character, that according to his wife's account, he was induced to take within one and a half hour (from twelve o'clock till half past one o'clock P. M.), two teaspoonfuls of ether, two teaspoonfuls of laudanum, and two large doses of morphine or its sulphate. Other portions appear to have been taken in the forenoon. At about half past seven o'clock in the evening, his wife, finding that she could not arouse him, sent for Dr. Wilson and myself.

At this period (six or seven hours from the taking of the narcotic), his symptoms were as follows: Pulse very slow, and intermitting irregularly; eyes immovably fixed, dull, injected, and death-like, with *moderately* contracted pupils (perhaps one-tenth of an inch in diameter); respiration laborious, and stertorous for a few inspirations, and then suspended for one and a quarter to one and a half minutes, by the watch; surface of the body everywhere warm; finger ends (nails) dark purple; universal relaxation of the voluntary muscles, with the exception of a transient contraction of the fingers at our first examination; and a total insensibility to all external impressions. The breath smelt strongly of ether, blended with an odor resembling that of opium.

In this condition of things, little could be expected from remedial measures. As an evidence of the complete abolition of all excitability of the surface, I applied a "hissing hot" table-knife to the skin, without the slightest indication of vitality being

manifested. No response was obtained from the slightest application of ice and brandy water to the head and throat, nor of mustard and camphor to other parts. Not the faintest effort at deglutition was perceived in the closest inspection during the remainder of his life.

Our alarm was thought of; but the case was considered so very hopeless, that we did not try it. Perhaps it would have been better if we had, yet in more favorable cases even this agent has failed. But notwithstanding the discouraging aspects of the case, we were willing to test the susceptibility of the stomach to chemical agents. From the length of time which had elapsed since the abolition of the intestinal contents, it was supposed would be inadvisable, and whether anything could be got into the stomach in amount of the incompressible state of the muscles of deglutition, was questionable. Availing ourselves of Dr. Anderson's plan of treatment, we dissolved about one grain and two-thirds of extract of belladonna in a teaspoonful of water, and passed it carefully into the mouth, as already stated, in effort at swallowing was induced.

In less than an hour after this dose was given, the pulse became steady, and beat at the rate of 125 strokes in 1 minute, with about a natural fullness. And this continued to be the condition of the pulse till near the time the Doctor expired. A second dose was given, an hour after the first. Shortly afterwards, the pupils were thought to be slightly expanded; but, after the third dose, two hours from the first, the dilatation became more and more manifest, till the pupils were about one-fifth of an inch in diameter. We gave no more of the extract. The pupils continued dilated to this degree, even after death, up to the eve of burial; and they were at no time affected by light during our attendance.

As there was no deglutition, did the solution of belladonna glide into the stomach mechanically? The patient lay on his back. Or was it retained in the mouth, so as to make its impression there? Or was the change in the pulse and the dilatation of the pupils attributable to the belladonna? The conditions of the pulse and pupils were certainly *consequences* of the use of the extract; but were they the effects of it? There was

no indication that led us to suspect that the solution passed into the trachea; for the respiration continued with little variation in character from that described already, until just before dissolution took place, at half past twelve o'clock at night, when the approach of that event was announced by the "death rattle."

Dr. Smith was forty-eight years of age at the time of his decease. He commenced the study of medicine, under my tuition, in the year 1828. He attended one course of lectures in the Ohio Medical College; but never graduated. He for some time taught school while he prosecuted his medical studies; and at the expiration of three years commenced the practice of medicine at Raysville, Henry county, in this State. Shortly after, at my recommendation, he returned to Richmond, where he continued to practice during the remainder of his life.

This is the only case of opiate poisoning I have any recollection of in my practice, in which the pupils were not contracted to the utmost possible degree; that is, to almost obliteration; or as the books have it, to the size of a pin-head. I need not call the attention of the experienced practitioner to other peculiarities in the case. The physical constitution of the patient, his habits, the disease, the ether, the belladonna taken, would exert a modifying effect upon the influence of the first narcotics taken.

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#### MEDICAL SOCIETIES.

ART. IV.—*Proceedings of Lawrence County, Pennsylvania Medical Society, September, 1856.* Reported by D. LEASURE, M. D., Secretary.

NEWCASTLE, PA., September 9, 1856.

The Lawrence County Medical Society met pursuant to adjournment, in the Lecture-room of the Associate Reformed Presbyterian church, the President, Dr. J. S. Cassit, in the chair. Minutes of last meeting read and approved.

Reports of committees and delegations being in order, Dr. Leasure reported from the delegates to the State Medical Society, that he alone of the delegates had attended the meeting of the state society at its late session, in Philadelphia, in May last; and

that he had, in the absence of a regular report from the county society, reported on his own responsibility on the "endemico epidemic topography of Lawrence County," illustrated by a map, both of which would be embodied in the forthcoming volume of the "Transactions" of the parent society. Report accepted.

Dr. Marks, of New Bedford, was admitted to membership.

The Committee on Fee-bill reported progress, and was continued.

Dr. A. P. Dutcher, of Enan, reported a case of death from heart-clot, masked by symptoms of violent cramp colic. In this case the clot was discovered on post mortem examination, and had probably existed for some time previous to the final attack. Dr. Dutcher also incidentally reported another case of death from the same cause, occurring in a woman ten days after a healthy labor, induced by syncope without hemorrhage.

Dr. Leasure, of Newcastle, reported a case of sudden death from pulmonary apoplexy, occurring in a woman in the eighth month of pregnancy, from being suddenly taken out of a warm bed and exposed to a cold draught, and placed in a cold bed, contrary to his express injunctions to the nurses.

Dr. Hall, of Harlansburgh, reported a case of death of a child from cerebral effusion, occurring while the patient was apparently convalescing from an acute attack of putrid sore throat.

Dr. Hezlep, of Pulaski, reported a case of death, occurring in a woman 35 years of age, on the fourth day after healthy labor, with her second child, with sudden paralysis of the right side, passing gradually into apoplexy. In this case, there were no premonitory symptoms, and the fatal issue probably resulted from rupture of a blood vessel, or white softening of the brain.

Dr. Leasure, of Newcastle, reported a case of death from scirrhus of the stomach, together with the autopsy, in which the absence of vomiting in the early stage, or vomiting of the ingesta during the progress of the case, was accounted for on the post mortem, by finding the pylorus permanently and rigidly open, from the action of the hardened deposition around it.

An interesting and spirited discussion arose on the nature and treatment of erysipelas, which was participated in by Drs. Cassin, Dutcher, Hezlep, and Leasure.

The reports on puerperal diseases were postponed till the next

meeting, on account of the lateness of the hour at which they were called up.

A committee, consisting of Dr. A. P. Dutcher, of Enan, and Dr. S. M. Hamilton, of Newcastle, was appointed to prepare the county report to the State Medical Society, and the members were furnished with blank forms, to be filled and placed at the disposal of the Committee.

Adjourned to meet on the first Tuesday of December, to finish business necessarily laid over.

LIST OF OFFICERS AND MEMBERS:—James Cassit, Newcastle, President; H. Hall, of Harlemsburg, Vice-President; D. Leasure, of Newcastle, Secretary and Treasurer; Drs. P. W. Wallace, of Newcastle, W. Hezlep, of Pulaski, and A. P. Dutcher, of Enan, Censors. Members: James Cassit; A. M. Camden; J. W. Wallace; J. H. M. Peebles; T. B. Amberson; W. Shaw; S. M. Hamilton; D. Leasure, of Newcastle; A. P. Dutcher, Enan; W. J. Randolph, Princeton; G. W. Caulter, Eastbrook; D. B. Marks, Bedford; H. Hall, Harlemsburg; W. B. Hezlep, Pulaski; J. Mitcheltree, Edinburgh; F. Taylor, Mt. Jackson.

JAMES CASSIT, President.

D. LEASURE, Secretary.



ART. V.—*Proceedings of the Montgomery County Medical Society, for October, 1856.* By J. C. REEVE, M. D., Rec. Sec'y.

THE Society met at the Phillips House, in the city of Dayton, and was called to order by the President, Dr. I. A. COONS.

Dr. G. H. Bane, of Chambersburg, was elected a member of the Society.

The name of Dr. H. Van Tuyl, of Dayton, was proposed for membership.

Dr. J. S. Taylor reported an interesting case of returned menstruation. The menses had ceased to appear in the usual manner, at the age of forty-five; from that time the patient had enjoyed excellent health, and at the age of seventy nine, the menses returned without any disturbance of the general health, and they



had continued so to appear, regularly, every month, up to the present time, when she has reached the age of eighty-one years. She still continues well, even doing all her own household work. Dr. T. said he reported the case, as he was not aware of a similar re-appearance of menstruation after so long a cessation, and without any symptoms of impaired health.

Dr. Carey reported a case of a woman, aged thirty-two, who had never menstruated, although there were regular monthly premonitions. She is married, but has no children; not having been allowed to make an examination, can not report the anatomical conditions.

Dr. Taylor gave his experience with Sulphate of Cinchona, in the treatment of intermittents. He thought that the cases had been generally so mild this year as not to have afforded a fair opportunity of testing the remedy; in larger doses, thought it almost as certain as quinine.

Dr. Koogler did not think anything saved in expense by the use of the remedy; had found so much larger doses necessary as to make it equal quinine in expense, while it was more difficult to get patients to take it on this account.

Dr. Taylor then called the attention of the Society to the question whether there was an increased quantity of liquor amnii present in cases of monstrosity. In such cases as he had met with in practice, it had always been so. He alluded to a case of the kind which he had laid before the Society some years previously, and which was published. Since then he had delivered the same patient twice, and in the history of those labors he also found an argument against deformities of the fetus being produced by mental impressions on the mother. Previous to the confinement succeeding the monstrosity alluded to, this woman was profoundly impresssd with the idea of giving birth to a similar one: she was delivered of a fine, healthy child. Before the last confinement, she was asked in regard to her presentiment, and she expected a healthy child; during the labor she again expressed the same opinion, but was delivered of an acephalous child. The quantity of liquor amnii was enormous—a common water-bucketful was caught, and considerable more was lost. He had seen several other cases of the kind.

## AFTERNOON SESSION.

The Vice President, Dr. CAREY, in the chair.

Dr. Kochne, the regular Essayist, now read a paper upon "The preponderance of the Moral over the Physical Causes of Insanity." The essay was listened to with attention, and was of much interest, especially that portion of it relating to the difficulty of ascertaining the real causes of the disease from the friends of the patient alone, or from the report of the physician upon whose certificate he has been admitted to an asylum.

Remarks were made upon the subject by Drs. Taylor, Denise, Koogler and Brennan; the latter gentleman advocated the preponderance of the physical causes, and thought that in a majority of instances, mental derangement had its origin in disturbances of the bodily health.

Dr. Koogler reported a case of monstrosity, in which the abdominal parieties were absent, the viscera being covered only by the peritoneum; the lower two-thirds of the sternum, the diaphragm and the lungs, were also absent, and the heart occupied the right axilla. After birth, this organ acted for about thirty minutes, the child having made several gasping efforts for breath.

Dr. Carey then read a paper upon "The use of emetics in typhoid fever." He commenced by reviewing two papers upon the treatment of this disease, published in the last number of the *Louisville Review*—one by W. S. Gadbury, of Mississippi, and the other by J. R. Smith, of Alabama. The former, he thought, advocated much too active treatment for one who adhered to the usual doctrines in regard to the pathology of the disease. The latter, he thought mistaken in pathology, and teaching a treatment likely to be disastrous to the patient. He then related two cases in which he had given emetics for several days in succession—two members of a family in which the typhoid fever was present, who exhibited all the early symptoms of the disease: these symptoms subsided without a regular course of the disease. He called attention to emetics, as being, most probably, of value in cutting short this fever.

Dr. Fisher had seen seven cases of the disease in his father's family, many years since. Emetics were faithfully tried in all

of them, but without succeeding in a single instance in cutting short the disease. He had since seen four cases in his own family, all treated by Dr. Dunglison, and other physicians of Philadelphia, on the expectant plan, with as little interference as possible; and he was decidedly in favor of that plan of managing typhoid fever.

Dr. Davis had seen as many as forty cases of the disease, during his first year's practice; he had been unable to work out any plan of treatment adapted to all cases, and had not seen any remedies succeed in cutting it short.

Dr. Koogler had seen a good deal of the disease in a neighboring county; had not found anything to equal turpentine in its treatment. He had seen such good effects from it as to feel that it was a remedy of great value in typhoid fever.

The discussion on the paper was continued to some length, and was extended to the nature, and general treatment of the disease. It was participated in by Drs. Garst, Reeve, Bane, and Brennan, and Dr. Carey replied.

Dr. Bane was appointed as alternate essayist for the next meeting, Dr. Barkalow being principal.

On motion, the Society adjourned to the first Thursday in January.

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#### TRANSLATIONS.

*Selections from German Journals. Translated for the Medical Observer, by W. KRAUSE, M. D., Cincinnati.*

ON DIASTASIS OF THE MALAR BONE, BY PROF. STREUBEL, OF LEIPSIK.—Traumatic diastasis, commonly being the effect of some considerable force, is, as a rule, attended by important complications. As diastasis per se is but of rare occurrence, the simple uncomplicated diastasis really forms an exception, and the manner in which it takes place, is scarcely susceptible of an explanation.

Dr. Heller, of Stuttgart, who enjoyed the opportunity of seeing a case of the latter kind, presumes that the soft part of the

orbita of his patient were protected by the big felt-hat, which he had on his head at the time of the accident.

This rare case must be set down by the side of another, observed by T. Roux in 1847, and published in the *Medico Chirurgical Review*, February 1849.

A Kalfatereo had been hit by the bar of a turning reel. When received into the hospital at Cherbourg, a fracture of the nasal bones was detected, the upper lip was split in nearly its whole extent, by a lacerated and contused wound. The face and eyelids especially were much swollen. The man was fully conscious, and promptly answered all questions put to him. The swelling of the face increased during the following days: subsided, however, under the use of cold applications. On the 19th day, after the accident, the swelling had disappeared so much as to allow the diagnosis of a diastasis of the left zygomatic bone. It was found dislocated in such a manner, that its upper angle, which was separated from the malar process of the frontal bone, projected a little anteriorly and inward, while at the inferior and external margin of the orbita, corresponding to the junction of the malar bone with the upper maxilla, a depression was clearly perceptible. The zygomatic bone was somewhat movable, and the patient described at the same time a feeling of crepitation. The union of the zygomatic bone with the zygomatic process, seemed to be uninjured. At this point alone the bone had remained in its normal place. The patient left the hospital after four weeks, the malar bone being still somewhat movable. Seven months after, it appeared perfectly fixed, though the depression at the orbital margin, and the prominence of the superior angle of the malar bone, still could be felt. The consolidation of the bones had taken place without any perceptible sign of a deposit of callus.

Roux made some experiments on subjects, which afforded, however, but little satisfaction. In a few instances, where he succeeded to separate the malar bone from its natural connections, the frontal process of the upper jaw, the malar arch or bone, were always fractured at the same time. The upper angle of the malar bone, moreover, could never be dislocated toward the orbita.

Malgaigne, Vidal de Cassis, Nelaton & c. unreservedly declare a simple diastasis of the malar bone without fracture, as impossible—founding their negation upon the immovable and strong junction of this bone. Sanson (*Nouv. elem. de pathol. chirurg.* T. iv. p. 317.) says: Sometimes there occur cases, in which the malar bone seems rather to be dislocated than fractured. Roux admits a diastasis of the malar bone without any fracture, and Heller also pronounces his case one of simple diastasis. *A priori*, a diastasis of the malar bone, without fracture, appears inadmissible. As, however, the fracture can be very slight, when, for instance, only some dentels of the bone are broken off, or the bone itself is infracted, nothing but a diastasis may be perceptible. In the case of Roux, a piece of the orbita was apparently broken off, while in Heller's case the malar arch had suffered infraction. The impossibility to ascertain in the cases cited, with any degree of exactness, the presence of callus, does not speak against fracture or infraction. The dispute, moreover, whether there is or not a simple diastasis of the malar bone lacks practical value. Experience shows, that only a very strong power can fracture or tear the facial bones from their natural connection. Nevertheless, such cases, even those of the most dangerous aspect, nearly always terminate favorably.

ON BUZZING OF THE EAR, BY DR. KRAMER, OF BERLIN.—(*Deutsche Klinik*, 1855).—This oculist proves his assertion, that buzzing of the ears, or in general, all merely subjective sensations of sounds, do not depend on irritation of the acoustic nerve, but always, even in cases of deafness, on a primary affection of the chorda tympani, which is irritated either by foreign bodies in the meatus externus or inflammation of the middle ear, or finally is in a state of purely nervous excitement. Mechanical or chemical stimuli, brought into contact with the tympanum produce buzzing, ringing, roaring, singing sounds in the ear. These sensations can originate only in, and be transmitted to the sensorium by the chorda tympani: for the tympanic nerve alone shows a purely sensitive character. Earwax, accumulated on the tympanum, causes ringing in the ears, only when it is adherent to the superior and posterior portion of that membrane, where the chorda tympani passes it. In other cases, in which the

external meatus is found intact, the troublesome sensation in the ear is cured at once by blowing atmospherical air through the eustachian tube into the cavum tympani. The glairy mucus which has accumulated in it, and irritates the chorda tympani, is removed by the current of air just striking upon that nerve. The deafness attending these cases, generally requires a repetition of the operation, as the mucus fills up the tympanum again. A local, material, movable, cause of the disease is to be presumed; for, strictly speaking, it can be blown away.

ON FOREIGN BODIES IN THE JOINTS.—(*Deutsche Klinik*, 1856.)—Dr. Wolf, at Freiburg, reports the following case:—A shoemaker, twenty-seven years of age, had suffered for three years from pains in his left knee-joint. The Doctor saw the patient, when he had to apply for medical advice on a journey, for severe paroxysmal pains. On examination, he found an apparently smooth body, of bean size, at the inner side of the joint, and movable in every direction. The joint, especially at its internal side, was tender to the touch, and contained a moderate quantity of fluid. As the patient would not submit to the usual radical treatment, the Doctor adopted the following method:—After the patient had remained quietly in bed for two days, and used cold to the joint, the Doctor pressed the foreign body as far down as possible into the internal excavation of the capsule, and fixed it there by a suitable serra-fine. Cross-bars of wire, put around the knee, secured the instrument at the desired place. The operation was not followed by much pain, nor by severe inflammatory symptoms. On the seventh day the serre-fine was removed, the small wounds made by it suppurated a little; the inflammation, however, soon subsided. On the ninth day, a bandage of adhesive plaster was applied over the foreign body, and the patient continued his journey without being the least molested in walking. The foreign body was agglutinated at the desired point.

This treatment combines, in the opinion of the author, safety with certainty of result. The serre-fine, if necessary, can be removed at any time, and should its teeth even perforate the capsule of the joint, the joint will not be opened, as the capsule meanwhile will certainly have become adherent to the foreign

body. If a number of foreign bodies should be present, these can be fixed at different points of the joint at the same time, or at intervals, and the patient may even be permitted to walk about, while he is still under treatment.

RELIGIOUS MONOMANIA, WITH INCENDIARY PROPENSITIES.—*Gaz. Lombard.* 32., 1855. G——, a farmer, aged thirty-seven, had been sick only twice of rheumatic fever, and had not presented heretofore anything unusual either morally or physically, except that he devoted himself to masturbation since his eighteenth year. For the last four years, all his thoughts were absorbed by the idea that he was selected by God to give birth to our Lord Jesus Christ, whereof he used to speak in a very self-conceited manner. Whenever he meets contradiction, he is led away to acts of violence. According to his statements, he was betrayed in his thirty-third year by some knaves, who sprang upon his back and threatened his life—nothing but an illusion, the time named by him being co-incident with an attack of fever, for which he was bled at that time. In consequence of this treason, he says, the wrath of God was let loose, sending unto the men the disease of the grapes as a punishment. The patient regards himself a member of the Trinity. He is the Son, because he is the descendant of God; he is the Father, because he is big with Christ; he is the Holy Ghost, because Christ is to be born of him. He is willing to admit, that Christ has been born; he is, however, to re-appear, according to the “Credo,” and God has destined him to give birth to Christ. His male sex does not prevent his delivery; for the Lord is almighty. When a boy, a star appeared to him, to make known to him his destiny. He still bears this star on his forehead, though nobody can see it. As God has given him everything for prey, he goes to get wood from every forest he pleases. He was lately persecuted by witches, who scratched his anum et scrotum, which was very painful to him. The patient fears his death only for the reason that it might prevent him to fulfill his mission. In 1853, he made an application to the Provincial Delegates, asking a gratification of one hundred Lire, to rent a suitable mansion for his confinement, it being but reasonable that Christ was to be born this time in a better place than in a stable. In November of the

next year, he set fire to the bureau of his uncle, after a quarrel; and when summoned before Court, he declared that he would forgive the deed to the perpetrator, for he was Lord of Earth and Heavens. He demands his liberty; is, however, sent in to the jail. On medical arbitrament, he was transported, of course, to the Lunatic Asylum.

The clear and finished picture of Theomania especially contributes to the interest of this case.

DELUPI, of Montpelier (*L'union*, 188. 1853), recommends to destroy the nerve in such cases of Neuralgia as prove unamenable both to a general and local treatment, by means of the actual cautery, if the nerve can be reached by it. Suppuration must be kept up subsequently for some time. In a case of extremely obstinate neuralgia of the right labium pudendi majus, cauterisation of the nerve was effected by a long "langue de carpe," which was plunged in as deep as possible. After a month's suppuration, the case was dismissed completely cured.

#### REVIEWS AND NOTICES.

ART. VII.—*The Obstetric Memoirs and Contributions of JAMES S. SIMPSON, M.D. F.R.S.E., Professor of Midwifery in the University of Edinburgh, etc., etc.* Edited by W. O. PRIESTLEY, M.D., Edinburgh, formerly Vice-President of the Parisian Medical Society, and HORATIO R. STORER, M.D., Boston, U.S., one of the Physicians to the Boston Lying-in Hospital, Members of the Medico-Chirurgical and Obstetric Societies, of Edinburgh, etc., etc. Volume Second, pp. 738. Philadelphia, J. B. Lippincott & Co. 1856.

We are happy to call the attention of the profession to the second volume of Prof. Simpson. It contains a variety of interesting essays and contributions on "The Pathology of the Puerperal State;" "The Physiology and Pathology of the Products of Conception;" and "The Pathology of Infancy and Childhood." To these are added the various papers and communications, which the author has at different times published, on the use of Anesthetics in Midwifery, Surgery, etc.

Under these heads we have a vast amount of matter introduced, of a very interesting character, which is discussed in the usual clear and convincing style of the author. It will be impossible, within the limits to which this notice must be confined, to



give anything like a synopsis of the work; and we take it for granted, that no physician who keeps himself informed of the progress of the profession on the subjects treated of, but what will purchase it; therefore an extended account of it will be unnecessary. It contains much that is valuable and interesting, that can not be found in any other book. For sale by the booksellers in general, in this city. ♀

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ART. VIII.—*Practical Anatomy*. A new arrangement of the London Dissector, with numerous modifications and additions, containing a concise description of the muscles, bloodvessels, nerves, viscera, and ligaments of the human body as they appear on dissection, with illustrations. By D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital (Blockley). Philadelphia, J. B. Lippincott & Co. 1856.

This is a very neat little volume of three hundred pages, and appears to be well adapted as a manual for the Dissecting Room. The editor, in his preface, claims to an entire re-arrangement of the old London Dissector, with the purpose of suiting it to the wants of the American student. It has been much condensed, and many portions of the minuter anatomy of the nervous and vascular systems have been omitted, keeping in view the special necessities of the practical anatomist. We observe the illustrations are numerous, and for the most part very excellent. We suppose it can be obtained at any of our book stores. †

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ART. IX.—*The Dental Register of the West*, edited by J. TAST and GEO. WATT. October, 1856. Published quarterly, at \$3 per annum.

Early in the year we received a number of the *Register*, requesting an "exchange;" we promptly responded, and have continued to do so regularly ever since; the number before us, however, is the first we have seen or heard of it from the first number aforesaid until now. The present number comes to us with new editors, and its appearance, in every respect, is fresh and attractive, while its contents exhibit vigor and energy. After this first-rate notice, we hope to see the *Register* regularly. But in any event we wish it abundant success. †

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— We acknowledge the receipt of a pamphlet of eighty-seven closely printed pages, consisting of three Essays on the

Physiology of the Nervous System, by BENJ. HASKELL, M. D., of Rockport, Massachusetts: together with an Appendix on Hydrophobia, being two brief papers, originally appearing in the *Boston Medical and Surgical Journal*. We have looked over the pamphlet enough to note that the views expressed in relation to Hydrophobia, are such as naturally follow from the ideas advanced in the preceding essays, but we have not as yet found time to learn what those peculiar views are; editors are supposed and expected to read everything, and we hope to catch up with the Essays of Dr. Haskell before very long. ‡

*Report of the Eastern Lunatic Asylum in the City of Williamsburg, Virginia.* 1853-54, and 1854-55. — The Report of the Superintendent and Physician, and Superintendent of Grounds, etc. of this Institution, for the two years ending September 1855, comes to us in very attractive dress. Prefixing the Reports are handsome lithographic views of the Asylum buildings and grounds. Owing to various circumstances the Institution fell in debt to considerable extent, during the period embraced in the Report; but in the main, it appears to be in a prosperous condition. Much valuable information is contained in the Report of the Physician, which is very properly laid before the people of the commonwealth of Virginia in that form. ‡

*Comptroller's Report*, embracing a detailed statement of the Receipts and Expenditures of the City of New Orleans, from January 1st, 1856, to June 30th, 1856; with a list of outstanding warrants on the Treasurer, and estimate of probable receipts and expenditures, from July 1st, 1856, to January 1st, 1857. Some unknown friend has been kind enough to send us this volume of New Orleans City Statistics, but we do not see that any synopsis of its contents would be of special interest to our readers. ‡

*Books Received.*—*Human Physiology*, by Prof. W. DRAPER, late of University of New York, and fresh from the publishing house of Harper & Brothers; and Prof. Geo. B. WOOD's new work on *Materia Medica*, from J. B. Lippincott & Co., are received but too late to admit of any proper examination and notice. ‡

## CORRESPONDENCE.

BOSTON, October 10, 1856.

EDITORS OF MEDICAL OBSERVER—

You will pardon me for commencing this hastily written note with the following effusion from somebody's brain:

"Go reader gentle, eke and simple,  
If you have wart, or corn, or pimple,  
To quack infallible apply;  
Here's room enough for you to lie.  
His skill triumphant still prevails,  
For death's a cure that never fails."

Boston, like other cities, has its quacks and pretenders in medicine, representing nearly all of the *isms* in the healing art among us. They assume the characters of general practitioners, and undertake the duties of specialists; so that every form of practice is urged upon the community with more or less success. Yet a very large proportion of those who fall into the *fowler's* hands are residents from the country, who are ever ready to believe the latest puff and to swallow the latest potion. We do not hear much of the followers of *Mesmer* at present; they have assumed a new name, and now represent the last delusive panorăma before the public. These *dramatis personę* style themselves Spiritual Doctors, and include among them several female practitioners—who are doing a thriving business—endeavoring to show that on the one hand the *spirit* is strong, while on the other, the *flesh* is weak.

Some years ago, two eminent physicians deceased in this city, who were always known as orthodox in their medical opinions, and in their daily dispensations among their patients and friends. At the present time I know of quite a number of the so-called spiritual mediums, *alias* doctors, who pretend that they are in hourly communion with those departed physicians, and that the latter are still prescribing through them for the physical infirmities of man here below? Hence an occasional patron, not forgetting the excellence of their medical advisers, when in the flesh, may be seen resorting to these *new-lights*, hoping thereby to once more have their pains assuaged by the same directing hand that was so

efficacious in other days. But the great absurdity remains to be told; it is, that these physicians in the spiritual world have abandoned their former system of practice, and have become genuine Homeopathic, Vegetarian practitioners. How artfully has the old hue and cry against "Mineral Doctors," been seized upon to further the ends of these *self-sacrificing* pretenders, and the more fully to deceive and gain the ear of an ever-listening public.

Last winter, a distinguished physician of Boston was spending some time in Italy, in the pursuit of health, his having become impaired; when it was announced by a spiritual doctress that her adviser would be absent for a week, as he had gone to Italy to administer to his sick friend and former acquaintance, and that her patients must kindly wait his return. Well has Barnum said, "That of all the specimens of *bugs*, *Humbug* is the greatest." When will naturalists determine the habits and the Protean types of this ever present Hydra? *Pas encore.*

On the fourth of August, Dr. Henry W. Williams read a paper before the Boston Society for Medical Observation, upon the "Treatment of Iritis without Mercury." Since then it has assumed a pamphlet form, being a re-print from the Boston Medical and Surgical Journal. Dr. W. was induced to vary from the usual plan of treatment, by having under his care "several cases where, on account of the age or constitutional condition of the patients, it seemed desirable, if possible, to dispense with depletion and mercurials." It appears that sixty-four cases were treated, of every type of severity, including its idiopathic, traumatic, rheumatic and syphilitic varieties." Sixteen cases are given in detail, to illustrate the method of treatment, and the results have been very satisfactory. Of the remaining forty-eight cases, the author says, that in no instance within his knowledge have the results been less fortunate than in the cases related. It is well known that hitherto great reliance has been placed upon some preparation of mercury, even carried to its constitutional effects; and that unfortunate cases are generally attributed to the formidable character of the disease, or to some neglect on the part of the patient, rather than to any abuse of medication. The remedies mostly relied upon, were atropia in solution, ten grains to an ounce of water, applied to the conjunctiva, to dilate the

pupil, in order that adhesions might be prevented or broken up. potass. iod. quinia. opiates at night, occasional leeches to the temple, etc. "As a general rule," says the author, "I should be disposed to place most reliance on a mode of treatment which sustained the general system, while at the same time the local circulation should be relieved, if necessary, by moderate depletion, obtained by preference, by the application of a few leeches to the temple."

"Narcotics have seemed to me of service, not merely in promoting the patient's comfort, but in relieving the local congestion, and preventing the effusions of lymph which seem so often to be poured out from the iris during the paroxysms of severe pain. I also ask special attention to the importance of a resort to the use of belladonna, atropia, or some other agent capable of causing enlargement of the pupil. If not used till the iris has become congested, it may be impossible for these remedies to exert their specific influence, and effusion taking place, the pupil may become blocked up by firmly organized lymph, before the disease can be subdued. In a dilated state of the pupil, its margin is so far removed from the convex surface of the lens, that considerable congestion may exist, or even effusion occur, without adhesion taking place; and many mild cases would recover if no other treatment were pursued. But in the contracted state of the pupil, the congested iris is in contact with the center of the convexity of the capsule of the lens, and is very liable to adhere to it."

Of the final result of the forty-eight cases, not reported at length, it is stated, that with the exception of one case which had been neglected under the care of an "Indian Physician," and three cases where the patients had been injured by homeopathic treatment, the results were invariably good: the eyes being perfectly restored, or if any adhesions were formed they were so slight as not to impede vision." I recollect that M. Desmarres relied very much upon atropia in iritic inflammation and its sequel.

Another medical journal has made its bow before the public, with the expansive title of "The Medical World," edited by Dr. J. V. C. Smith and his son, Dr. E. S. Smith. The senior editor has been connected with the Boston Medical and Surgical Journal for twenty-five years, but has left that

for this new enterprise. This is to be a weekly journal, with its pages open to all, of every faith, for a general promulgation of the various doctrines taught and practised. In other words, an open field and fair fight, or like the open ocean, bearing upon its bosom the fruits of every clime—it opens its portals for the reception and diffusion of every shade of opinion, to the end that truth may be developed—*nous verrons*. The first number of the Medical World contains twenty-eight pages of interesting editorial and selected matter. B.

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#### EDITORIAL AND MISCELLANY.

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##### A FEW WORDS WITH SUBSCRIBERS, FRIENDS, AND READERS IN GENERAL.

*First, to all those who are in arrears.*—One more number will close the volume, and we take this occasion to urge every one who has not yet forwarded his subscription to do so *without longer delay*. We wish to close up the year promptly, and be ready to enter upon a new volume without any embarrassments or make-weights; we shall do so with entire ease if subscribers will come up cheerfully, and at once, with their response. ¶ *In one word, then, remit.* ¶ Editors of Medical Journals expect no remuneration for their services, and we ask no better fare than belongs to the craft. We have a right, however, to put in a plea for the printer's bill—*somebody* must pay *that*. In making up our mail book for a new volume we shall strictly *expunge* the names of all such as have not remitted or made arrangements satisfactory to us. ¶ *Friends, let us hear from you all within the next fortnight.* ¶

*To readers and friends.*—We are already arranging our plans for the forthcoming volume of 1857, and we trust the experience of our first year, as Editors and Publisher, will not be lost to the improvement of the *Observer*. We have the vanity to flatter ourselves that in all matters pertaining to the typographical execution of this journal none of our neighbors have excelled us; we have the pledge of our printers that we shall do better still for the future. The Editorial interest in the success and usefulness

of the *Observer* has not diminished, but steadily increases with each consecutive number: and in this connection we may say that, as Editors and Publisher, our arrangements are such as will secure for the Journal that uniform attention and incessant personal supervision which we hope will ensure permanency and prosperity.

*Portraits for 1857.*—Among the attractive features of the next volume, we may now state that we shall give steel-engraved portraits of the late Prof. J. T. Shotwell, of this city, and the late P. J. Buckner, M. D., of Georgetown O., formerly, but of this city at the time of his decease. Both these gentlemen were endeared to a large circle of professional friends, who, we are very sure, will be very glad to receive and cherish these mementos of their worth. The pictures of Shotwell and Buckner are in the hands of the artists, being engraved expressly for the *Observer*, and will be ready early in the year. Dr. Shotwell will appear in the January number, and Dr. Buckner very soon afterwards. In addition to these portraits the *Observer* will be enriched with such other illustrations, from time to time, as its patronage will justify. We therefore cheerfully appeal to our friends for their help. Make up your Clubs before the year commences. Such of you as like the *Observer*, ask your friends to subscribe. Remember, that if each patron secures one new one, we double the list next year. Finally, we believe all the respectable journals of the country could have a decided increase in their circulation, and all parties be profited. Some of our brethren patronize journals liberally, and read them—such would be astonished to know how many physicians in the land read no Medical journal.

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PAUL CAUSTIC, M. D.

The October No. of the *Western Lancet* contains a paper entitled the "Ohio State Medical Society—Its Workings, by Paul Caustic, M. D.," which has amused as well as astonished us. Taking into consideration the tenor of the article, and the pompous assumption of the name of "Caustic," it is fair to infer that the writer has an excellent opinion of his polemic abilities, and that the conclusion in his mind is that his communication is a regular

scorcher — a *fer rouge*—which will instantly and totally annihilate the small remaining portion of the State Society, without leaving a vestige behind. Certainly it is a very slashing article, worthy of the Bumzillicum Blower—a veritable Waterloo charge. We, however, are audacious enough to think that the “putrid, disorganized mass” (polite terms), the Ohio State Society, will rise from the ashes to which the gentleman has reduced it, (?) and fulfill the ends for which it was organized.

We feel a deep sympathy for Paul—we were about to write, poor Polly. He is a disappointed man. A lover of the State Society he has been, and is still, but like all disappointed lovers he is grand, gloomy and glorious; like those unfortunates, bitter and severe against their deceitful *inamorata*. There is no comfort for Paul. His *virtuous* indignation is prodigious; his sarcasm—what shall we say—is pungent. It pains the eyes almost to look at it.

Every member must feel bad; indeed, we feel sorry to think that the Society has so grieved the pure spirit—crushed the efforts of this immaculate individual. The chagrin and spleen manifested are strong evidences of his disappointment.

It may be Paul is a discreet young man, a modest man, a young man of great scientific attainments, who has never been appreciated at home or abroad as he thinks he deserves. He certainly cannot have been the President or Vice President of the Society. No, nor has he ever been so fortunate as to be Chairman of one of the Committees. This will account for his virtuous indignation and wholesale abuse of the entire Society. Lest our readers should think we devote too much time to an article of this kind, and that we owe them an apology, we will state that P. Caustic, aforesaid, is an old offender—that he is tormented with a very violent form of that chronic literary disease *cacoethes scribendi*, and we feel it a duty to afford him some treatment. The idiotic form which possesses him—harmless as to others, dangerous only to himself—needs watching. We will give as much space as we can spare to this form of his disease, manifested so strongly in his last effusion. Let us look at it as far as we go *seriatim*. The opening part of the article, containing a sketch of the origin and organization of the Society, we believe to be in the main correct, up to the second



chapter on the "history of the O. S. M. Society," and next, *sic* *Caustic loquitur*: "All systematic communities, especially Medical Societies, furnish specimens of *professional eunuchs*, the bane of all organizations—they *produce* nothing but their own *impotency*, and are the sum of all that is detestable and disgusting, delivering themselves of some gaseous effusions, which, when sifted, contain neither reason nor common sense. You may search in vain for anything more voluminous or classic coming from them than badly worded resolutions." "They pour these upon the Society in *round, polished sentences, and suit their words to the effect sought to be produced by the actions of the buffoon or comedian.*" The italics are ours. In the above quotation "Caustic" tells us of a new kind of "*professional eunuchs*;" a conception, we venture, originating in his own brain, and having a "*local habitation and a name*" nowhere else; perhaps it is himself he sees in a glass darkly. It is the first time we ever knew that a eunuch produced anything. We have had the idea that they were impotent because they are eunuchs. Again, he tells us "they are restless and illy at ease unless engaged in a discussion of *ethical* and administrative regulations," while in the same paragraph he gives them a different character, by telling us "they ignore ethics because it imposes restraint, and declare that gentlemen require no law to regulate their actions."

Paul certainly sees double, and writes double, or he would not thus contradict himself. Shall we believe him?

Follow him a little further. "But it has failed to accomplish its first great purpose, and *is now a putrid, disorganized mass*, in the hands of those who, we much fear, will never be able to work a cure until the process of decomposition finally separates the gross filth from the true seed. A deep radical, thorough reformation must be instituted and carried into effect at the coming semi-annual meetings, or the death-knell will surely sound." We have always believed that "*a putrid, disorganized mass*" was lifeless, but this sapient Paul has discovered that life may still continue in it. We are sorry we can not spare the space to follow this classical, chaste writer further. On his similes and bad writing, and still more detestable style and taste, we could say much, but must stay our pen for the present. There are a few Paul Caustics in

every community. Unless every society moves according to their notions, it is detestable, bad, vile, or, in the polite language of Paul, is compound of "snobs, *notoriety-seekers*, *eunuchs*, *sliming sycophants*, and *light-fingered gentry*."

The State Society has done much good for the Profession in many ways, and will do still more. We are not one of those who feel disappointed in attending one of its meetings, if we are not tired out *usque ad nauseam* with the windy papers on common subjects, presenting the smallest grain of originality. We find enough of this in the Journals. Some people take to writing for reputation, and its accompaniments, and soon find that the more they write the more insignificant they become. To judge of Paul by his last effort, we opine he will learn this fact.

We frankly confess we feel a warm attachment for the State Society, and hope that in the next six years it will not produce even "*three reports*," unless they shall be made up of valuable and original matter.

In the meantime, its social influence—its determination to enforce the Ethics will exert a happy and progressive influence. It must be admitted that the Society has been used by designing men for bad purposes, but it illy becomes such as Caustic, to pour out his abuse and slang on each and every member. We feel satisfied he is not one of the men who has stood up manfully against the admission "of the disorganizing propagandist, the presumptuous arrogant gasconade, and the sliming sycophant," nor has he tried to bring them under the influence of the "faithful scientific laborious students" of the Society. No, nor do we believe the Society has ever had two "vagrant volunteer papers" from this distinguished "*Virtuous*" fellow.

It is well that it is so, for we do not know that many members would be able to endure the reading of even *one* after the style of the one we have so liberally quoted from.

We say it with all sincerity, a Society is better without such persons as this Paul. They are your nice, genteel, distinguished (in their own estimation) fault-finders, who never do anything, but yet are constantly creating difficulties by their criticism and abuse. They have but one idea, and that is, advancement of their own position, hence they are the *policy men*, who, in *private*,

are on all sides, bitterly opposed to this measure or that person, but in public, where influence and action are valuable—silent, smiling, dignified, and excessively owl-like in looks. They have a small capital which they use with the principle of “quick sales and small profits.” “They hide with the hare, and hunt with the dogs.” We have often heard the “*virtuous*” indignation, the cant, groans and whining of this class, and know their course well.

This Paul has, we are sure, tried to buy or beg a position in the “firm of RECIPROCITY: TICKLE ME AND I’ll tickle you,” and has been refused, as not having the *necessary capital*. As proof, let us refresh our readers again: “They are all for show—outside show, and use the *worst kind of material*. *Good material, they are poor judges of, and only employ it through mistake.*” Paul has been rejected as bad metal, though he estimates himself as not only good, but *better, best*. We must again repeat our sorrow, that we have not room to handle this Paul Canstic as he deserves. We intend to be at the State Society, as we have been in the past, and in the mean time intend to do all we can to make it useful. We do not intend that every or any disappointed *parvenu* shall pass unnoticed in his unjust, ill-natured and ill-timed abuse of it. We intend to keep a sharp look out for Caustic at the next meeting. We hope, in the mean time, something may be done for him. He needs a “course of medicine.”

We do not think any thing else will relieve him—not even this article, which we have written partly with the hope that a change in his condition may be affected. But we do not understand how it can be brought about by so mild a remedy, for he tells us that the Society “*stinks in the nostrils*” of those on whom it has been forced. He must be cured of this “stink in the nostrils,” or he will be smelling bad things henceforth, and will certainly pass the remainder of his virtuous and valuable life very unhappily. As a *dernier resort*, as a piece of special treatment, and said by high authority to be wonderfully successful, we would advise the trial of a solution of the nitrate of lead. Paul will find a paper on its disinfecting properties in the *Western Lancet*, published some seven years ago by H. G. Carey, M. D., of Dayton. If this does not cure him, we promise to exert our influence in having him

placed on one of the Committees—not at its “tail,” but at its head, where he may give us one of his papers, which we hope shall not be regarded as among the “vagrant volunteers.” If this will not relieve him we will work hard to have him obtain an interest in the “firm of Reciprocity: Tickle me and I’ll tickle you,” with whom we have at present no acquaintance. Finally, one solitary gleam of comfort only beams upon us—that Paul may be a young man with vigor of constitution and no hereditary *vices*, and will be certainly cured before or at the next meeting of the State Society, if he will follow our advice.

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HARRISON’S PERISTALTIC LOZENGES.

SEVERAL weeks since we received a box of these lozenges, from the manufacturer, Mr. Harrison, of Boston, with the request that we would give them a trial; we have not had any suitable opportunity to do so as yet, to say nothing of very positive antipathies from the nostrum characteristics that envelope each package. We quote the following, however, from one of our exchanges:

“*Harrison’s Peristaltic Lozenges*.—This preparation originated several years since, by Mr. J. S. Harrison, has been very generally employed, by the profession in this region, in habitual constipation, especially with a tendency to hemorrhoids and prolapsus ani, and with satisfactory results. It is a judicious laxative and tonic, the principal ingredients being senna and iron. The peristaltic lozenges are prompt in their operation, with less than usual pain, generally reliable, and in form convenient and acceptable even to children.”

Mr. Harrison makes no secret of the constituents of these lozenges to the medical profession. They would doubtless prove a pleasant tonic laxative, and they are put up neat in style and “not bad to take.” Nevertheless, we have a repugnance to all preparations put forth with special blazonry and pretense, that we have no desire to conceal;—even with the lozenges of Mr. Harrison there is too much of the Ayer’s Pectoral and Pills to suit our taste. If, however, they are placed in the hands of our druggists, simply as a neat and convenient form of administering iron and

senna, we shall probably commend these *lozenges* on proper occasions—if with the Cherry Pectoral puff, this will be the last and only notice we shall ever take of them. We make these remarks thus full, as expressive of our views upon a growing class of nostrums that are attempting to use the regular profession to bolster their pretensions, and thereby put a little wind in their sails.

#### SYDENHAM SOCIETY OF LONDON.

We have for several years availed ourselves of the advantages offered by this society, in procuring rare and valuable books and can recommend it to our friends. It was instituted in 1843, with a view of supplying its members with valuable medical works, which are not likely to be supplied by the efforts of individuals. Three volumes, handsomely bound in a uniform manner, in cloth, gilt edged, are usually issued in the year. From a circular sent us, we copy the following list of books which may yet be obtained from the agents of the society.

The subscription, constituting a member, is five dollars, annually, payable in advance, and which may be sent to the Local Secretary.

List of the Society's Works, of which copies are still on hand, and from which new members, subscribing for the current year, may make a selection, on payment of an additional five dollars for any three volumes, with the exception of those to which an asterisk is affixed. Those to which an asterisk is affixed, or any other single volume, may be had for \$2 50 per volume.

Sydenhami Opera Omnia, 1 vol.; Hasse's Pathological Anatomy, 1 vol.; Rhazes on the Smallpox and Measles, 1 vol.; The Works of Hewson—Portrait and plates, 1 vol.; Dupuytren's Lectures on Diseases and Injuries of Bones, 1 vol.; Dupuytren on Lesions of the Vascular System, etc., 1 vol.; Memoirs of the French Academy of Surgery, 1 vol.; Feuchtersleben's Medical Psychology, 1 vol.; Microscopical Researches of Schwann and Schleiden, 1 vol.—Plates; The Works of W. Harvey, M. D., one vol.; The Genuine Works of Hippocrates, 2 vols.; Essays on Puerperal Fever, and Other Diseases Peculiar to Women, 1 vol.; The works of Sydenham Translated from the Latin, 2 vols.; Unzer and Prochaska on the Nervous System, 1 vol.; Annals of Influenza, 1 vol.; Romberg on Diseases of the Nervous System, 2 vols.; Kölliker's Manual of Human Histology, 2 vols.—Woodcuts; \* Rokitsky's Pathological Anatomy, Complete in 4 vols.; \* Hunter on the Gravid Uterus, 1 vol., folio—34 plates, with descriptive letter-press; Wedl's Pathological Histology, 1 vol.—Woodcuts; Oesterlen's Medical Logic, 1 vol.; Velpeau on Diseases of the Breast, 1 vol.; The Works of Aretæus, Greek and English, 1 vol.

RICHARD J. DUNGLISON, M. D.,

*Hon. Local Secretary for Philadelphia.*

## THE MEDICAL WORLD,

*A Journal of Universal Medical Science. Edited by Drs. J. V. C. Smith and E. S. Smith, Boston.*

This is a new Journal, conducted by Dr. Smith, formerly editor of the *Boston Medical and Surgical Journal*. After we had read the title, and looked over its contents, advertising sheet, and all, we drew a long breath, and felt relieved. *O tempora! O mores!* What is the world coming to? The *Medical World*, a Journal of universal Medical Science, indeed! It is the first time we ever knew that Ayer's Cherry Pectoral and Cathartic Pills, and Dr. Wistar's Balsam of Wild Cherry, could be at all regarded as worthy of a place in a respectable Journal of Medical Science. The advertising sheet of this Journal is filled with the lying advertisements of the rankest kind of quack nostrums, and the most dangerous class of empirics. The editors need not bristle up, and say ugly things in return, for we must take the inalienable right belonging to the fraternity, of expressing ourselves freely and plainly of their Journal.

Let us instance the quack advertisements which we find in the first number: Diseases of the Throat and Lungs successfully treated by medicated inhalation, by H. P. Dillenback, M. D. The usual statements of the success following the use of the inhalations, after the style of the great New York quack, Hunter, accompanies Dillenback's advertisement. Of course, patients are told that by "*transmitting* a careful and minute statement of their case in writing," that "the appropriate remedies, and all necessary directions, can be sent to them by express!" Next, we find the advertisement of the Boston Lung Institute! Again, and still more *attractive*, we find the following, that "Cancers can be cured, Scrofula, and other diseases, which have baffled the skill of our best physicians, can also be cured, so as to stay cured, by Dr. R. Greene, Scientific Indian Physician!!!"

But, still more disgusting and objectionable, we find the last page covered with the following: A Book for both sexes. Price 75 cents. The Physiology of Marriage, by a married man, and a distinguished physician!!!" (who is he?) A book belonging to a class which are concealed, and read in boarding schools for

girls and boys—a book which is pernicious to the young and ignorant, who are its principal readers—a class of books which destroys the morals like a blighting mildew, whose influence is to cause masturbation, abortion, illicit intercourse, and all manner of uncleanness. We write of what we have seen of those who have read this class of books to which this belongs. Will. What of all these advertisements? Why, nothing more than that Dr. Smith is making them and their authors respectable—is giving the lie to what all good, high-toned, moral physicians, indeed the entire profession, have said of them time over and again. Suppose some poor miserable invalid shall come across the *Medical World*, and read these advertisements in a journal whose editor has been “intimately associated for more than a quarter of a century,” with one of the best medical journals of the country, what would he say and believe? We leave the Drs. Smith to answer. This is one of the least complaints we have to make. “Fish, flesh, fowl,” and all manner of medical uncleanness, are to be brought together, and find a common floodgate. A kind of medical *liberte, egalite, & fraternite* is attempted to be established. A medical millennium is to be inaugurated. Listen to the editors in their salutation: Allopathic, homeopathic, and hydropathic practitioners, *and indeed all others, have an opportunity, therefore, to promulgate their doctrines side by side, in an open field, for the diffusion of knowledge!*

For the diffusion of knowledge!!!!

“We believe also in the virtue of progress, and, therefore, open the pages of this journal to medical writers of *every denomination* throughout the Union.” We have little confidence in the man who has served half a lifetime in a business, art, or profession, who suddenly leaves it, or changes his belief in regard to some of its great cardinal principles, or the etiquette governing him—a well educated physician, who, at middle life, or older, suddenly becomes a quack. A minister who leaves his church and religion for another, commands neither our respect or confidence. We verily believe that it is “the lusts of the flesh and pride of life”—the dollar which steals over them the flattering and pleasing change. We do not charge the editors of the *World* with bad motives, but their course (especially that of the senior) looks to

us, at this distance, as if he wished only to make money. It sounds bad and ominous in our ears, when we hear a man talk loud and long about *progress*, the progressive spirit of the age (a word which has crazed and ruined too many), who has or is about to make a somerset, in his creed or opinions. The editors of the *World* "believe in the virtue of progress." They certainly do, if progress in scientific medicine consists in taking money from the vilest quacks, for publishing their advertisements and puffs. Yes, it is progress, to place side by side, and treat with the same consideration, the scientific physician, the patient, careful, laborious student, the honest well-wisher of his race, with the pretender, the boastful, deceiving, money-getting quack—the leech on the lives and pockets of innocent, silly ignorance; "and therefore open the pages of this journal to medical writers of every denomination!" We shall expect soon to see in the *World* a paper from Dr. Greene, scientific Indian physician, on his *specialité*, followed by one from a Female Physician, (?) a Spiritualist, Hydropathist, Eclectic, Urine, charm, Negro Doctor (?) and one from a magnate of the profession of Boston; and lastly, though not least, an editorial, in which will be indicated the *progressive points* in each and all, and a notice to the "society for the diffusion of useful knowledge," of the discovery, that it may publish them to the world.

If there be any truth in spiritualism, this first copy of the *World*, if laid on the grave of such men as Chapman, Wistar, Drake, Harrison, and Warren, would cause them to turn over in rage, and burst by their "knocks" the cerements which bind them in their narrow resting-places.

There is a nation of people in Europe, who fight under any and every flag—for pay. Shall we say it, for it looks much like it, that the *World* proposes to fight *for all, for—progress*.

We hate and cordially despise the crew of quacks at present existing. The little truth in any or all of their vaunted so-called schools or systems, is not worth the price of the time or trouble to seek it out. They are dishonest, a fawning, whining set, full of pretension and hypocrisy, and loud in their abuse of what they are pleased to call the "regulars," or old school. No, no, away with such cattle, away with such howling, canting



hypocrites. If progress consists in recognising them, the none of whom have neither preliminary or medical education, whose whole stock in trade is *one small idea*, we desire to cast anchor just where we are, and go backward and turn over the pages of Hippocrates, Galen, and Sydenham, and live in spirit with Morgagni, Pare, Ferri, Heberden, Clutterbuck, Cullen, Thompson, Graves, Physick, Hosack, Rush, Drake, and the host of others, great and true. We feel that Dr. Smith will do the scientific profession great injury. He has conducted an able journal; he has reputation at least away from home, and now in his old days that he should throw his arms around the bastards, the leprous, the *blind, lame*, and halt, and attempt to *transform* the naturally *deformed*, is to us mortifying, and only a proof, that much of the progress of our age is backward. His work, we believe, is that of Sisyphus. God grant it may be so, though from the bottom of our hearts, we write more in sorrow than anger.

The quacks, and their name is legion, will, or at least ought to hold a convention, and present the editors of the *World* a cane, as emblematic of the blow they have struck at true scientific medicine. At any rate, they rejoice and are glad. We shall hear the echoes of their hosannas in praise of the *World* ere long. We greatly mistake the temper of the times, and the feelings of scientific gentlemen, in this latitude, if they look with a kindly eye, or extend a sympathizing hand to this journal. †

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#### MEDICAL SCHOOLS—INTRODUCTORY LECTURES.

AFTER two weeks of preliminary lectures, the regular course commenced in the Miami Medical College, and the Medical College of Ohio, with an introductory in the Miami school, on Wednesday evening, October 15th, by Prof. Comegys; and on the same evening, in the Ohio school by Prof. Lawson. The Cincinnati Col. of Med. and Surg. does not commence its regular course until the first of November inst. A large number of Medical students are in the city, and the present indications are that the Ohio school will have a larger class than it has had for two or three winters.

past, and that the Miami school will have the largest class that it has ever had.

Prof. Comegys delivered his introductory to a large and gratified audience of students and physicians, as well as ladies and gentlemen, friends of the Institution. The prefatory remarks were exceedingly fine—often swelling out into real eloquence. There was a slight, but pardonable degree of egotism in the allusions to the early struggles and triumphs of the school, but altogether, we considered them very proper and appropriate. The tribute to the ability and worth of the men who composed the faculty in the Ohio Med. Col. in the winter of 1852, (when the Miami school was organized) as well as the tribute to those departed names of Drake and Locke, was timely and in good taste. In the body of his discourse Prof. C. in a very brief manner, called up visions of the great men of all ages, that have thronged the temple of Medicine, and have delighted to do it honor. From Esculapius, seated on his fabled throne, down past Hippocrates, and Galen, and Sydenham, and Harvey—pointing in proud triumph to a dissected heart, emblematic of his demonstration of the circulation of the blood; and Jenner, another victor over the horrors of one of death's messengers; still down later to Rush, and Drake, and Locke, and Simpson; and in conclusion, giving a beautiful allusion to the venerable Mussey, the head and chieftain of the Miami faculty, an allusion that was promptly acknowledged by a hearty outburst of applause. This vision of the temple of Medicine, with its throng of true votaries, who in a long series of centuries have been those who have contributed to the steady progress, and accumulated excellence of science and art, was a very proper and fitting introduction to the general proposition which made the conclusion, and was the point of the discourse—a proposition for the legal recognition and protection of the Medical profession. The idea of Prof. C. is to have an organization in every county, which may be called an academy of Medicine. Borrowing something from the plan of the French organization of the practice; that no man shall practice medicine in the commonwealth except he be first admitted by examination into the academy, as a token of his having given reasonable time and diligence to the study of the human system, its pathology and therapeutics; but that *having been*

been felt in the academy, he may produce whatever *good* is desired. This academy is first called public meetings for the discussion of medical topics and the next to be a *grand arena* for exhibition and presentation of the reports and experiences of the profession in questions of other matters of professional interest. We hope to see this society published, as being creditable to Prof. C. and the Maine school, and as tending to the accomplishment of good.

We did not hear the introduction of Prof. Lavenex, and for lack of any better report we slip the following from a brief notice in one of our daily papers:

The introduction to the thirty-seventh annual course of lectures in the Medical College of Ohio, was delivered by Prof. L. M. Lavenex, on Wednesday evening to an intelligent and interested audience. He was greeted in the part of the faculty by great such a numerous attendance of students so early in the session. He proceeded to consider the nature of Medical Science, its basis, Chemistry, Physiology and Anatomy, the methods of investigation in Medicine by Analysis, Synthesis, and by Induction, dependent on these theories originating in accurate observations, and to the potency of the imagination in sustaining them. E. B. S.

#### PHOSPHATE OF LIME IN THE TREATMENT OF FRACTURES.

We noticed in a late number of the *Practitioner* Hygienic some cases of fracture, in which the union of the bones appeared to be promoted by the administration of the phosphate of lime. In one of these cases, of fracture of the radius, there was union in forty-five days, *without* the phosphate. The patient, a fortnight afterwards, fractured the arm in the same place, by a fall from a horse. The phosphate of lime was then given, and the arm was placed in position as before, the bones united in *forty-five* days. The man had the ill luck to break the radius a third time, and, under the use of the lime, the fracture was consolidated in *twenty-five* days. The remedy in question has long been employed by M. Piquet, in the treatment of rickets, scurvy, scurvy and Pott's disease, but it appears to have been only recently suggested by M. A. Milne Edwards as a useful remedy in cases of fracture. We are surprised that no allusion is made to its employment in ununited fracture, whether it has been tried in these cases, which are often so difficult to cure, we do not know; it would seem that it could hardly fail to be of service. —*Boston Med. Journal*, July.

## GOLDEN DAYS OF THE APOTHECARIES.

WHEN physician and apothecary were good friends, and the physician was a man who, in the phrase of the trade—for here we must needs call it a trade—could write well, something like this was the result. We quote only one day's medicine, prescribed by a physician, and administered by an apothecary, to a fever patient. The list of medicine given on each other day is quite as long, and every bolus is found in the same way duly specified in "Mr. Parret the apothecary's bill, sent in to Mr. A. Dalley, who was a mercer on Ludgate Hill." We quote the supply for the fourth day's illness:

	<i>August 10.</i>		
Another Pearl Julap .....	£0	6	10
Another Hypnotick Draught .....	0	2	0
A Cordial Bolus .....	0	2	0
A Cordial Draught .....	0	1	8
A Cordial Pearly Emulsion .....	0	4	6
Another Pearl Julap .....	0	6	8
Another Cordial Julap .....	0	3	8
Another Bolus .....	0	2	4
Another Draught .....	0	1	8
A Pearl Julap .....	0	4	6
A Cordial Draught .....	0	2	0
An Anodyne Mixture .....	0	4	6
A Glass of Cordial Spirits .....	0	2	0
Another Mucilage .....	0	3	4
A Cooling Mixture .....	0	3	6
A Blistering Plaister to the Neck .....	0	2	6
Two more of the same to the Arms .....	0	5	0
Another Apozem .....	0	3	6
Spirit of Hartshorn .....	0	0	6
Plaister to dress the Blisters .....	0	0	6

One day's medical treatment is here represented, as it was often to be met with in the palmy days of physic, when

Some fell by laudnum, and some by steel,  
And death in ambush lay in every pill.

Then truly might Dr. Garth write to his neighbors, how

The piercing caustics ply their spiteful pow'r,  
Emetics wrench, and keen cathartic scour.  
The deadly drugs in double doses fly;  
And pestles peal a martial symphony.

—*Edinburgh Med. Jour. from Household Words.*

## MASSACHUSETTS STATE MEDICAL SOCIETY—PRIZE QUESTION FOR 1857.

THE Massachusetts Medical Society is authorized, by a donation from one of its members, to offer the sum of *One hundred Dollars* for the best Dissertation adjudged worthy of a prize on the following theme, viz:

*"We would regard every approach toward the rational and successful prevention and management of disease, without the necessity of drugs, to be an advance in favor of humanity and scientific medicine."*

The packet accompanying the successful Dissertation will be broken in open meeting, and the author's name announced at the annual meeting of the Society in May, 1857.

Dissertations for the above prize must be sent (post paid), to the Corresponding Secretary, Dr. C. E. Ware, No. 6 Temple Place, Boston, on or before April 15, 1857.

By order of the Councillors,

B. E. COTTING, Recording Secretary.

ROXBURY, November 1, 1856.

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IPECACUANHA IN DYSENTERY.

It is well known that ipecacuanha was first brought into use as a remedy by the remarkable success which attended its administration in dysentery; and that, for a long while afterward, its principal use was confined to this disease, and it was considered by many to be by far the most valuable remedy known. By degrees, however, as other and important remedies were introduced, this gradually fell into comparative disuse, and now it is not uncommon to read, in our works on practice and in our medical journals, long lists of remedies for dysentery, without even any mention of this once celebrated article. Our convictions, founded on experience, not unfrequently lead us to the employment of old remedies in preference to new, and thus we have been able, in several instances, to cure this formidable disease by a substitution of the ipecac treatment for other means, under the use of which life had well-nigh been despaired of. Many years ago a young man came under our care, after a long and ineffectual course of treatment for dysentery, when nearly all hope of recovery had fled; and nearly every other remedy having been used, under the direction of able physicians, scarcely any resource remained but an experiment with this ancient remedy, which was made, the ipecac being given in very large quantities for several successive days, exclusive of all other medicine, when the disease

subsided, and the patient was cured. We have used it frequently since, with excellent effect, both in substance and decoction; but very recently a patient has recovered under this treatment, whose case is worthy of notice, as showing what large quantities of powdered ipecac the stomach will bear in a confirmed and obstinate case of this disease.

This was a case of several days' continuance, resisting the remedial power of various appliances in common use in this disease. The continuance of the same plan of treatment, or any part of it, seemed to promise little benefit after the experiments already made, and we, therefore, determined to make a fair trial of the ipecac. We began by administering one drachm of powdered ipecac, which producing no nausea, or other perceptible effect, was followed by another drachm in half an hour. Two other one-drachm doses were given at intervals of one hour, before vomiting was produced, and then only to a slight extent. Soon afterward a feculent stool gave the patient temporary relief from the painful tenesmus with which he was suffering. The ipecac was continued in doses of one drachm each, prolonging the intervals as the nausea and vomiting indicated, until one ounce had been given. Afterward, as the stomach had become more and more impressionable, the doses were reduced to half a drachm each, with occasional prolongation of the intervals, until a full half-ounce more was given. Then, on account of the greater susceptibility of the stomach to its influence, the doses were further reduced to fifteen grains, which now caused greater nausea than one drachm in the beginning. The dysenteric symptoms gradually subsided under this treatment, and the patient recovered. No other medicine was used until the day after the dysenteric symptoms were relieved.—*Editorial—Memphis Med. Recorder, Sept.*

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#### THE TREATMENT OF CANCER BY THE METHOD OF LANDOLFI.

In our 52nd volume (page 483), we gave the details of Dr. Landolfi's method of treating cancer by the external application of a caustic preparation, which, the inventor maintained, would not only destroy the malignant growth, but leave a surface covered with healthy granulations, and secreting pus of a good quality. It was maintained that in most cases the cure takes place rapidly, leaving a cicatrix resembling that made by a clean incision. This method has been tested experimentally at the Salpêtrière by a commission, at the head of which was M. Broca. We copy the following conclusion from the report of the commission, which we find in the *Gazette des Hôpitaux* for May 18th. It will be seen

that the report is wholly unfavorable to the treatment of Landolfi.

"The "method" was tried by the inventor himself in nine cancers of the breast, and three canceroid growths. Of the nine cancers, *two* of the cases proved fatal, *four* were notably aggravated, in *three* there was cicatrization, followed immediately by relapse. Of the cases of canceroid disease, *one* was cured, *one* cicatrized, but the disease returned, and in *one* the disease was so much aggravated that amputation of the limb was necessary. In conclusion, the method of Landolfi is only applicable to a limited number of cases of cancer: it is more painful and more uncertain than many other methods of canterization, and is especially inferior to the plan of Dr. Canquoin, of which it is but an imperfect and modified imitation. Like other modes of treatment, it may succeed in destroying certain tumors, and in producing cicatrization, but it is wholly incapable of preventing a relapse of the disease, which, in fact, it rather hastens: and, far from constituting an advancement in the treatment of these affections, it is but one more illusion added to the number which the history of cancer affords.—*Boston Journal*, July.

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#### SHOULD STRYCHNIA BE EMPLOYED AS A MEDICINE?

THAT there is and always will be a fashion in physic no one will deny. The number of remedies once deemed indispensable, and that found their way into almost every prescription, that now slumber unasked for on the shelves of the apothecary, fully attest the truth of this observation: and were this fashion confined to the administration of remedies which, while they derived their ephemeral reputation from their combination with others of known action and utility, were under no circumstances fitted for the purposes of crime, there would be but little harm in it: but if the administration of such a deadly poison as strychnine rests on no better foundation—if all the effects attributable to it, except its fatal one, are attainable from other and safer agents, it becomes a question whether it should not be erased from the pharmacopeia, and its presence in the shops of the druggists rendered unnecessary. The simple fact of strychnia being a deadly poison, and of rapid fatality, is not, I admit, sufficient reason for this exclusion. Many of the medicines used in the healing art are so: but then the nature of their operation is such, that, if arrested, or guided by the hand of science, the most beneficial results may be obtained from them: but in the action of strychnia, this is not the case: there is not one of the effects

that it exhibits in its rapid career that can be made thus available.

The peculiar tetanic spasm that it produces, led its discoverer, I believe, to anticipate from it a remedy for paralytic affections. Had this been the case, its retention in the pharmacopeia might be justified, but I fear that the profession has found this to be a fallacy. That it may, in very minute doses, in combination with other agents, produce some beneficial effects, in the functional derangements of certain organs, may be possible, though I am inclined to doubt it; but these effects are equally attainable from other medicines, and certainly do afford no excuse for its use. The frightful disclosures that our various courts of justice are daily bringing to light with regard to it—the careless manner in which this deadly poison has passed from hand to hand—the evidence as to its dreadful effects, and the silence as to its utility, all tend to make this a subject worthy of the attention of the profession, if not of the legislature itself. The virtues of such a remedy should be clear indeed, to compensate for the danger attendant on its use.

If, however, it be found impossible to do away with it as a medicine, surely it might be kept in such a state of solution that, while it left it a remedy in the hands of the physician, would unfit it for the deadly purposes of crime.—*Lancet*.

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NITRATE OF SILVER FOR THE CURE OF PROLAPSUS ANI.—Mr. Lloyd treats prolapsus ani by smearing the whole surface of the protruded bowel with solid caustic, and then returning the bowel. The application is repeated once in a week or fortnight, as may be requisite. Mr. Lloyd states that he rarely found it necessary to employ it more than three or four times; and further, that although the plan had been one invariable resort with him for a long series of years, that he had never known any untoward consequences to result. In cases in which the protruded bowel has become swollen, and is difficult of reduction, the effect of the caustic is surprising. To one such case, the mass could be easily seen to diminish in size under its influence. Mr. Lloyd does not limit the use of this remedy solely to prolapsus, but adopts it also in cases of hemorrhoidal congestion, and thickening of the mucous membrane about the verge of the anus.—*Med. Times and Gazette*.

DR. J. F. PERKEY, in *Ohio Medical and Surgical Journal*, recommends Strychnine given internally for the treatment of Prolapsus Ani. He prescribes Hall's Sol. Strych. Dose, three to six drops three times a day, to a child two years old.



## ETHERIZATION IN NERVOUS OR VITAL SHOCK.

[From the Boston Medical and Surgical Journal.]


MESSRS. EDITORS:—The influence of etherization in preventing nervous or vital shock, from severe surgical operations, is, I suppose, a fact well established in the minds of experienced surgeons. But whether the shock, already induced by a severe injury, can be relieved by the same means, and the nervous system quickly restored to its normal condition, is a question which I have not seen discussed, nor has my limited reading brought to my notice any published facts having a direct bearing on this important subject.

The following case, which occurred in my practice some months since, seems to me to look somewhat in that direction, and the result was so unexpected and satisfactory to my own mind, that I am induced to offer it for publication, if you deem it of sufficient interest to deserve a place in the *Journal*.

Mr. B., aged about 27, an industrious mechanic of good habits, was tending a planing machine, in which the cylinder, holding the knives, worked on the under side of the board to be planed. While removing, with his left foot, the shavings accumulated under the machine, the foot was caught by the revolving knives, and, before the machine could be stopped, the foot with the boot and more than half the leg below the knee were torn to fragments.

I saw the patient very soon after the accident. Considerable blood had been lost, and it was still oozing freely from the lacerated stump. He was blanched and faint, complained of pain, and was restless. The skin was cold and moist, and the pulse extremely feeble. He was removed immediately to his boarding house; warmth was applied; opium, morphine, brandy, etc., were administered freely, with no perceptible effect. As the bleeding continued and was partly arterial, the tourniquet was suggested and applied. He still moaned and complained of pain, which was probably increased by the tourniquet. He continued in this condition for two or three hours, taking brandy and morphine freely, with little or no change. Etherization was now suggested to relieve his pain and restlessness. He commenced inhaling sulphuric ether, and very soon ceased to moan, and, much to our gratification, we found the pulse rapidly improving; so that in about twenty minutes from the commencement of the inhalation, reaction was so far restored, that we had no hesitation in proceeding at once to amputation. He was now brought fully under the influence of the ether, and the limb was removed below the knee. He bore the operation well, lost but little blood, the pulse continued good, and he had a favorable recovery.

H. HATCH, M. D.



*Church and State—No Medical Faculty in Trinity College.*—The Medical Faculty of Trinity College, Toronto, Canada West, have resigned their professorships. The reason, as publicly stated in the daily prints of Canada West, is, that the Faculty caused an advertisement to be inserted in the local papers, stating that students in medicine henceforth would not be compelled to subscribe to the thirty-nine article of the Church of England, and that no religious test would be demanded of them. And it was furthermore asserted, that pupils could, by following the course of instruction at Trinity, procure, if they pleased, their degrees at any other University. The Council of the College, naturally indignant at this open declaration of rebellion and independence of the Medical Faculty, called upon them to withdraw the obnoxious advertisement from its place of appearing, and to return to their former terms of connexion; but the Professors declining to yield, and the difference not being removable in any other way, the latter were constrained to resign their various chairs, which, we believe, they have filled, during the few years they have lectured, in a distinguished and profitable manner.—*Mont. Chronicle.*

*College of Physicians—Liberality of Dr. Betton.*—The spirit of liberality evinced by Mr. Mutter in his proffered gift to the College of Physicians, has been well followed up by a similar manifestation on the part of Dr. Thomas Forrest Betton, the distinguished surgeon of Germantown, who made known, through one of his friends, at the last meeting of that society, his intention to present to it his valuable library of medical works, containing considerable over two thousand volumes—all works well selected—and many of them of great rarity and value. The great literary attainments of the donor in professional lore are a sufficient guarantee for this. This collection is esteemed by those who are capable of judging in the matter, as one of the finest private medical libraries in the country, and is equally the result of the learning and fostering care of Dr. Betton's father, who, in his day and generation, ranked high in the esteem of the profession and world at large for his erudition and skill.

This will be an invaluable addition to the library of that society, which has been augmented to twice its size in the last year through the zeal and industry of its indefatigable librarian, Dr. T. Hewson Bache, who deserves great credit for the time and care he bestows in the discharge of the office. The library of the college is, we believe, already more replete in periodical literature than any other in the country, and will be invaluable for reference.—*Medical and Surgical Journal.*

*Description of a Simple Instrument for Inflating the Lungs of Infants in an Asphyriated State.* By JAMES G. WILSON, M.D., Fellow of the Faculty of Physicians and Surgeons of Glasgow, etc.—The instrument essentially consists of a vulcanized India rubber ball about the size of an orange, to which is attached a German-silver tube, about five inches long, and gently curved towards its free extremity. The tube is closed at the extreme end, but has two openings or eyes, like a female catheter, a short distance from the point. On compressing the ball, the contained air rushes along the tube and through the opening above-mentioned, and on removing the pressure the ball rapidly expands, and becomes instantly refilled with air, which may again be evacuated as before. On introducing the tube into the larynx, and acting in this manner, it is obvious that for the most part the same air would be used over and over again, which would be a manifest disadvantage and a decided objection. This, however, can easily be remedied by making another opening in the tube, about an inch from its attachment to the ball, for the free ingress of fresh cold dry air. During the compression of the ball, the left thumb will easily cover the opening which must, however, be removed when the entrance of pure air during the subsequent expansion of the ball. The opening being somewhat larger than the other two and being much nearer the ball, readily permits the introduction of fresh air. The left middle finger pressed into the posterior part of the mouth, with the child's head a little thrown back, will tend to facilitate the proper insertion of the tube into the larynx. It is not necessary, as when other means of inflation are used, to push much or agitate the larynx in order to prevent the transmission of the air through the epiglottis. The inflation of the lungs must be steady and slowly performed, so as to imitate the normal respiratory process. After each inflation, the chest must be slightly compressed, with a view to equalize the remaining air in the lungs.—*Lancet* 12th Nov.

*Observations on Asphyxia.*—Hall's Journal of Health states that a highly distinguished physician in the year 1810, one—his name escapes me—was thus summing up the results of examinations that the organs are the organs of all the members of the human family.—*Journal Medical and Surgical Science*.

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ORIGINAL COMMUNICATIONS.

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ART. I.—*A Case of Sudden Death, with Remarks*, by JOHN T. PLUMMER, M.D., of Richmond, Wayne County, Ia.

JULY 1ST.—A middle-aged widow lady died rather suddenly on the evening of the 31st of sixth month, and the cause of her death being obscure to those in attendance, permission was obtained to examine the interior of the body. Last winter (Dr. Harrington informed me) she was attacked with pneumonia; and within a few days past was under treatment for diarrhea; but this had been arrested. She had been feeble for a long time, a little exertion almost exhausting her. In ten minutes from the time she excited the attention of her family, last night, by swooning, she was a corpse.

The skin and the adipose matter beneath, were unusually yellow, and a strong fetor was exhaled directly after the fatty structure was exposed. The right lung was found to be adherent to the ribs on every portion of its costal surface, and also to the diaphragm; yellowish portions somewhat resembling tubercles, were discovered at the apex, as also a few small abscesses (vomical) in the same part, containing well-defined pus. The left lung

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was comparatively sound. About one ounce of serum was obtained from the pericardium. The heart and all the adjoining vessels contained a black, thin, *coagulated* blood. No arterial colored blood was anywhere seen.

The liver, both kidneys, and the spleen were much enlarged, and all these organs, together with the heart, were so swollen in their structure that the finger could readily penetrate their substance. One of the kidneys was bleached; the other was perfectly naturally dark, making a singular contrast in color. They were six inches long by three and a half wide. The spleen was remarkably dark colored anteriorly, and was seven inches long by two and a half inches wide, and two and a half thick. The liver could not be weighed. The gall-bladder was small, but contained eighteen gall-stones, from one quarter to one-half inch in diameter; the weight of the smallest was one grain, of the largest twelve grains; they were of a trigonous and other angular forms. The facets varied in number from four to eight or nine. The calculi were accompanied with a small quantity of dark, viscid bile.

But the most interesting feature in this case, or at least the most instructive one, was the *entire absence of the thoracic organs*. The enlargement of the abdominal organs, and the adhesions to the diaphragm, the lungs and the interior costal surface, limited the chest below by a floor, which terminated at the lower margin of the fourth rib. In this patient, as we have seen, there had been a serious disorder of the lungs. What would have been the diagnosis drawn from auscultation and percussion? Our authors tell us that the mammary and lateral regions of the chest yield a "very clear" sound on percussion, if the lungs be in a healthy condition. Now these regions are located *below* the fourth ribs, down to the eighth; and represent the situation of the middle of the lateral lobes of the lungs; precisely where, in this patient, there were no lungs at all. No respiratory murmur would therefore have been heard; and percussion would have elicited no vesicular resonance. What then would have been the ready deductions of the young, or inexperienced, practitioner (and it is for such I write, from these physical examinations? Above the fourth ribs, correct indications would, perhaps, have been obtained:

below them, the suggestions would probably have been hepatization and thoracic effusion, to say nothing of the various other affections which impair or destroy the pulmonary sounds. He would seek for the aid of bronchophony, aërophonism, bronchial respiration, etc., as diagnostic symptoms: and not finding any of them, he might remember that they were not always present in the above affections. The unquestionable pneumonia under which the patient had labored, would strongly fasten his judgment to the conclusion that the base of the right lung had become hepatized, as far up as the fourth rib. But his diagnosis, as we see from the position of the lungs would have been wrong.

In such cases, then, although we look to the sixth or seventh ribs as the lower limits of the lungs, we must remember that an enlarged liver, spleen, etc., will encroach upon this boundary to such an extent as sometimes to force the lungs upward, even to the *third* rib, but more frequently to the fourth: and yet all the indications may conspire to mislead us to pronounce the parts *below* these ribs, as indurated lungs, etc.: and authors will not *always* undeceive us. Take the language of Macleod, for instance: "The spaces comprised between the fourth and sixth ribs, answer *accurately* to the lungs on either side," says he.

The chief object of the necroscopic examination, was to ascertain the cause of the sudden death of the patient. Drs. Wilson, Butler, Harrington (the patient's physician), Haughton and myself, were present. In the absence of any other obvious cause, we thought we found a somewhat doubtful solution of the question, in the morbid condition of the blood, and the softened tissue of the heart. It is not a new observation that the whole sanguineous fluid, arterial and venous, at times becomes one homogeneous, dark-colored liquid; nor that the amount of fibrine may be so reduced, or its quality altered, as to prevent the coagulation of the blood. Cholera spasmodica, scorbutis, yellow fever, etc., furnish sufficient examples of this kind to close the door against denial. And we, perhaps, find the true cause of the depraved condition of the blood in this case in the pathological state of the pulmonary apparatus. The lungs were not in a condition to give due aeration to this fluid—it was not arterialized—the carbon and perhaps other excretions failed to be duly separated from it,

and it gradually became unfitted to support life; while the unvitalized, softened and exhausted heart ceased to drive on the unvivifying current.

To ascribe an uncoagulable and otherwise morbid state of the vital fluid to disease of the lungs, is not a modern connection of facts; for Huxham and others long ago observed that the blood in "peripneumoniæ fevers" was always found "too dissolved" and at times "almost black and sanious, and not having the least cohesion." I need not cite cases of uncoagulated blood in deaths from pneumonitis, in more modern writers; but it is proper to remark that such cases do not appear in the catalogue of Rokitsanski & Engel, as given by Lehmann. See "Blood in the Dead Body," vol. I, p. 584 of his Phys. Chemistry.

Is the softening of the organs in this case attributable to the pathological state of the blood? Why was one kidney hyperæmic, and the other ænemic, and both hypertrophied and softened? If life could have been longer maintained, would other organs have yielded up the firmness of their texture to the influence of the degenerated blood?

To judge more correctly of the enlargement of the organs in this case, it ought to have been stated that the deceased was a woman of small frame.

The right lung, when cut open, proved to be full of frothy serum, like the lungs in the first stage of pneumonitis.

Hasse (Patholog. Anatomy), under the head "Pneumonia," says: we find "within the heart on both sides, masses of black, coagulated blood, and extensive fibrinous concretions;" but in the case before us, the blood flowed out of the heart like water, and left the cavities void of clots, and the least vestige of fibrinous deposits. Hasse, however, admits that "in many organs we meet with signs of stagnation, and in some measures, decomposition of the blood."

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ALCOHOLIC STATISTICS.—During the past year 6,228,856 gallons of proof spirit were entered for home consumption in Ireland, against 8,440,734 during the previous year, 1854, and 8,137,862 in 1853.—*London Lancet*.

ART. II.—*Case of Death from Spinal Concussion*, by R. R. McMEENS, M.D., of Sandusky, Ohio.

ON the afternoon of July 26th, 1856, I was called to visit Mr. Lansdown, an old resident of this place, who had fallen from the top of a haystack, about eighteen feet in height, on a farm three miles distant from the city. I arrived at the place about three hours after the occurrence of the accident, and found him reclining on some hay, where he had first fallen. His face was pallid, the surface cold and clammy, respiration slow and languid, the pulse small and irregular, the veins of the hands and arms unusually prominent and turgid—presenting the appearance produced by ligation—the eyes were dull, with the pupils somewhat contracted, both the upper and lower extremities perfectly paralyzed and insensible. He was moaning, but complained of no pain: inquiring for his arms and legs, and requesting their elevation, to satisfy himself of their attachment and existence. There was a slight abrasion of the scalp, on the crown of the head, but no tumefaction or other evidence of injury to the calvarium. No other appearances of external injury whatever could be discovered on any part of the body. The head could be rotated, flexed and extended, without any distress or difficulty. Pressure over the spinal column was distinctly perceptible to the patient, as low as the sixth or seventh cervical vertebra, below which no sensation could be produced, nor could any signs or evidences of displacement, fracture, or other symptoms of serious character be detected, by the most careful and thorough examination.

The particular circumstances attending the accident were related to me by his employer, as follows: He was binding the two poles used in topping the stack with a rope, which suddenly breaking, precipitated him headlong to the ground, a spongy, meadow soil, when he fell over upon his face, and lay insensible until taken up, when he soon recovered sufficiently to make rational inquiries respecting his fall.

There being no house convenient to the field, it was thought best, after my arrival, to remove him at once, to his residence in the city. He was carefully placed on a waggon properly



protected with hay, and was carried the distance without any difficulty or additional distress. After being placed in bed and comfortably covered with a thing, active sinapisms of mustard were applied to the extremities, and over the pericardium, and stimulating embrocations assiduously addressed by friction to the whole length of the spinal column. No internal remedies were administered beyond a very small quantity of brandy. The patient obstinately refused to undergo the distress connected by any attempt at deglutition. Under the above measures, a moderate heat of surface returned, with an increased volume of pulse, which still remained sufficiently compressible, and less frequent, than normal. He converse well and even cheerfully. At 11 o'clock P.M. I left him, with directions to be immediately attended to, should any change should ensue, whether febrile or apyrexial, and to send word to the doctor when he should come to inform me that he was about to sleep, but not permitting him to sleep longer than 12 hours.

On the 10th, the same morbid condition again manifested from the previous day, the pulse somewhat more frequent and more full, the heat of the surface somewhat increased, and the patient more restless. The attending nurse, however, did not think it prudent to disturb him, and used a very small quantity of morphia, which was administered in the usual manner, and the patient slept for an hour and a half, and then awoke, and the pulse was again somewhat more frequent, and the heat of the surface somewhat more increased. The attending nurse, however, did not think it prudent to disturb him, and used a very small quantity of morphia, which was administered in the usual manner, and the patient slept for an hour and a half, and then awoke, and the pulse was again somewhat more frequent, and the heat of the surface somewhat more increased. The attending nurse, however, did not think it prudent to disturb him, and used a very small quantity of morphia, which was administered in the usual manner, and the patient slept for an hour and a half, and then awoke, and the pulse was again somewhat more frequent, and the heat of the surface somewhat more increased.

On the 11th, the same morbid condition again manifested from the previous day, the pulse somewhat more frequent and more full, the heat of the surface somewhat increased, and the patient more restless. The attending nurse, however, did not think it prudent to disturb him, and used a very small quantity of morphia, which was administered in the usual manner, and the patient slept for an hour and a half, and then awoke, and the pulse was again somewhat more frequent, and the heat of the surface somewhat more increased. The attending nurse, however, did not think it prudent to disturb him, and used a very small quantity of morphia, which was administered in the usual manner, and the patient slept for an hour and a half, and then awoke, and the pulse was again somewhat more frequent, and the heat of the surface somewhat more increased.

cussion alone, transmitted directly through the brain, without material impairment of its functions, and ultimately expended upon the medulla; or, by an action of repercussion, with a degree of force sufficient to destroy its integrity of function or structure, or both. I thus conclude, from the probability that no fracture or dislocation could exist, without some indications of displacement, or distortion, or pain, and crepitus upon pressure, or no extensive extravasation of blood, without some degree of external discoloration. I was led to look the more for such expressions, from the fact of having met with two instances of a similar injury, where they were all or in part present.

*Secondly*, The remarkable anomaly of respiration and circulation being maintained solely by the pneumogastric and phrenic nerves with the cardiac plexuses of the sympathetic, independent of any other aid from the spinal system, or, in fact, a head and heart, without a body.

And *Thirdly*, The source of so sudden an extinction of life. This I am disposed to ascribe to the loss of blood by the venesection, diminishing the already enfeebled power of the lungs, and also in overcoming or exhausting the little energy of the heart still remaining, by increasing the afflux of blood to that organ.

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ART. III.—*Of Primitive or Local Syphilis, by H. C. MORGAN, M. D., of Dubuque.*

At the beginning of the present century, some partisans of the physiologico-anatomical school carried their theory to a great extreme in denying the existence of the syphilitic virus, and ranging it among the diseases resulting from common causes. Faithful to their principles, they banished from their therapeutics all special medication, and treated by antiphlogistics that which they regarded as the effect of irritation and inflammation. A sad experience very soon taught them that a systematic doctrine may often lead to errors, and that in medicine as in all other sciences, an enlightened eclecticism alone conducts to the truth. What is syphilis, then, but a virus? It is a product of morbid

secretion, which placed in contact with a healthy body, determines in it a constant series of phenomena, having for result the reproduction of the same agent. M. Ricordi, in his experiments, has followed the inoculations of chancre as far as the eighth generation, without observing the least difference in them.

SEAT. 1st.—Chancre may have its seat at any point of the skin without exception, and generally upon certain mucous membranes. The parts of the skin which are brought into contact during impure coitus, are those on which chancre is ordinarily found.

In the various works and papers written on this disease, we learn that chancres have been found on all the different regions of the body. I have seen them on the chin, fingers, cheeks, thighs, and indeed on every part where the chancreous pus has been inoculated with the lancet. On man, the mucous membrane of the glans penis and prepuce, and on the female, those of the external organs, the neck of the uterus and vagina, are the most constant seats of chancre. We find them, but not so frequent, on the buccal mucous membrane, and on that of the eyes and nose. M. Ricordi first observed it in the urethra and bladder.

CAUSES.—Among the causes, there is an efficient, specific, indispensable one—the syphilitic virus. In order, however, that it should act, there must be certain conditions of the parts which it touches. These conditions may be classed under the predisposing causes. The pus must be furnished by an ulcer in the progressive or stationary state, not having undergone any change or alteration by any local application. It may be asked here, if a certain temperature of the pus is necessary for its action? I may answer in the negative, for M. Ricordi has inoculated syphilitic pus which he had preserved several days in a glass tube, and in this state the pus has produced a characteristic result. Is a certain amount of excitation necessary for its action, such as that produced by the union of the sexes? I can answer in the negative. Ricordi has taken pus from a chancre, far from the genital organs, during the profound sleep of all the senses, and after inoculating a second person, has observed a characteristic chancre. I have seen this experiment performed by M. Ricordi. The tissues subject to infection must be denuded. All recent wounds, abrasions and fissures, are predisposing causes. The virus does not act well on

ulcers which secrete abundantly, or which are much inflamed. It is for this reason that the virus does not act promptly on a newly formed, blistered surface, while it acts immediately on one which is healing. We may conclude from this, that the tissues exposed to an infecting chancre are in a much better condition to escape, if they are covered by a healthy epidermis, or a sound epithelium, or by matters which prevent a prolonged contact of the virus.

As mechanical causes, we may mention sexual connexion (of all the most common, the *toucher*, kissing, the use of infected instruments, and suckling.

After this brief note on the causes, let us now turn our attention to its development. The phenomena which have been observed vary as to whether the pus has been deposited under the epidermis or epithelium, in the cellular tissue, a lymphatic vessel, a ganglion, a follicle, or still more on a surface largely denuded. When the virus has been introduced under the epidermis we can not do better than to give the history of the phases of the inoculation. Ricord states, "that in the first twenty-four hours, the wounded point becomes red as in vaccination: from the second to the third day it tumefies a little, and presents the aspect of a small papule which is surrounded by a red areola: from the third to the fourth day, the epidermis is raised by a liquid more or less troubled, and often takes the form of a vesicle, presenting at its summit, a black point resulting from the drying of the blood of the small wound: from the fourth to the fifth day, the morbid secretion increases, and becomes purulent, the pustule being well marked, its summit depressed, and having an umbilical form, like to the pustule of a variola. If the pustule increases, it becomes balbous, and resembles a rupia. From the fifth day the pustule opens, the pus concreting, and crusts soon begin to form. These grow from the base, and raise themselves by stratified layers, taking the form of a truncated cone. If these crusts fall off, or are detached, we find an ulcer of the size of a dime, seated on a base quite hard, and presenting a bottom whose depth is equal to the entire thickness of the skin, having a greyish white surface."

If the pus has been introduced under the epithelium a little, near the same changes are observed. The crusts fall off very

quick after they are formed, and the vesico-pustule, resulting from the wound, passes quickly to the state of a specific ulcer.

Chancre, inoculated under the epidermis or the epithelium, begins, then, by a pustule. Can we regard the infection in the same light as a natural inoculation? Without doubt: remembering that in the hospitals, we meet with but few pustules at the beginning, for the reason that those persons who enter these establishments have little care of themselves, and do not seek medical aid until they see the ulcer. A great many persons are still more negligent, and do not demand treatment until they are forced to do so by the ravages of the disease. It is quite otherwise with intelligent private patients: they consult the physician for the suspicious appearance on the end of the penis or genital organs. M. Ricord has several times observed the *écrou* of chancre in the pustulous form. I have also seen it on patients who have submitted to inoculations during their stay in the *Hôpital du Mûli*, at Paris, and at the consultations of the same hospital, and on a few patients in private practice. If the virus has been placed in the cellular tissue, in a lymphatic vessel, in a ganglion or follicle, the ulcer is preceded by phlegmonous inflammation. An abscess forms, and after its natural or artificial opening a chancre remains.

*Inoculation.*—Is it necessary that the virus should remain in a state of incubation in our tissues before manifesting itself in a specific ulcer? A great number of authors, and among them Hunter, believe that incubation is necessary in a great many circumstances. They have cited some facts for the support of this opinion. After what we have said on the evolution of chancre, we can not admit the stage of incubation. Once the virulent pus comes in contact with the tissues, we believe it to be the cause of incessant and uninterrupted action, and that its constant result is chancre. This action is more or less long, according to the individual, for there are some persons in whom the inflammation proceeds more or less rapidly to ulceration, but there is not that difference in all persons which can constitute a veritable incubation.

We divide chancres into regular and irregular: the first are those which proceed through their various stages without compli-

cation, local or general: while the second, under the influence of various external causes, are modified in various ways. Chancre, to whatever variety it may belong, has two stages, the one called the specific stage, or period of progress, the other, that of reparation.

*Regular Chancres.*—They are round, and in order that they should preserve their round form, they must be seated on homogeneous tissues: they should not be seated on folds of the mucous membrane. Their base is not necessarily indurated, as Hunter has maintained. There are some whose bases have been confounded with the neighboring tissues. The pus which they secrete, can not in any way, not even by its odour, which is very variable, serve as a distinctive characteristic. The duration of the specific period of chancre can not be limited. However, regular chancres may terminate in the fourth week: rarely sooner, and often later.

The period of reparation announces itself by the disappearance of the areola, and the thinning of the edges whose margin takes a pale greyish color in proportion as they contract. In its turn the bottom becomes clean, being covered with healthy granulations, while the base is absorbed, and disappears.

The regular chancres, which are very generally seen as a local affection without producing a constitutional infection, may run their different phases, and terminate in perfect cure without the aid of art: but when they deviate either in their period of progress, or in that of reparation, they constitute the second variety, which we have classified under irregular chancre.

*Chancres Irregular.*—Irregular chancres are numerous. We agree with M. Ricord in the division he has made of them: 1st., superficial chancre: 2d., inflammatory phagadenic chancre, gangrenous; 3d., pultaceous phagadenic, or diphtheritic chancre: 4th., indurated chancre.

1st. Superficial chancre. Chancre sometimes remains superficial. It is ordinarily seated on the mucous membranes, and as it may coincide with catarrhs of these tissues, it has often been confounded with balanitis and blennorrhagia. In another way, this variety resembles very much simple inflammatory ulceration, between which inoculation alone can establish a correct diagnosis.

**CHANCRES—PHAGADENIC INFLAMMATORY GANGRENOUS.**—The phagadenic chancres are those which go beyond the ordinary limits of the ulcer, either in breadth or depth.

The gangrenous phagadenic form occurs most frequently in persons of intemperate habits—particularly in the use of alcoholic drinks and irritating food. Want of cleanliness, hot seasons, & phlogosis or scrophulousness are the most common causes of the deviation. The gangrene in these cases presents nothing peculiar—it is owing to an excess of inflammation, and not to the destruction of the chancre, which is only the exciting cause. Very often the gangrene, by its slow progress, destroys the specific ulceration—*and* after the fall of the eschar, leaving but a simple ulcer & scab, which may sometimes spontaneously heal. In Bichat's opinion, that a patient on whom a chancre at an early period is attacked by gangrene, will never have secondary or constitutional syphilis. This fact is very important in the treatment of chancres—for if we destroy the specific ulceration & its consequences, the result will be as satisfactory as if the chancre had never existed.

**Phagadenic Phagadenic Chancres.**—This form is found in persons who are intemperate, debilitated—mostly in females, badly clothed, and living in dirty, unwholesome localities: & these various systems are evidence of previous disease, particularly gonorrhoea or syphilis. Secondary or tertiary accidents are very frequent. The chancre being painful, *and* *and* *and*. It may appear upon the lips, and various parts of the interior of the mouth, the skin, mucous membrane, and cellular tissues offer less resistance to its progress than in chancres of superficialness. When reaching the tissue of an irregular nature, the chancre is more penetrating, and the result is a more extensive ulceration, and the chancre is more penetrating, and the result is a more extensive ulceration. The form of chancre has many points of resemblance with the phagadenic form. The irregular bottom of the ulcer is lined by a layer of granular matter, which is covered by a thin membrane, and frequently is mistaken for a gangrenous scab. At the bottom of the ulcer the result is a peculiar suppurative secretion. When a chancre is about to take on the phagadenic ulceroous form, the ulcer is more painful, more extensive, and secretes abundantly a sanious liquid; its bottom presents many hemorrhagic

DIFFERENTIAL DIAGNOSIS—The disease is sometimes distinguished from the other forms of induration by the fact that it is not attended by suppuration, and by the fact that it is not attended by suppuration.

INDURATED ULCER—It is a disease of the mouth, and is characterized by a general induration of the tissues of the mouth, which is attended by a general induration of the tissues of the mouth, and by a general induration of the tissues of the mouth, and by a general induration of the tissues of the mouth.

A general induration of the tissues of the mouth is attended by a general induration of the tissues of the mouth, and by a general induration of the tissues of the mouth, and by a general induration of the tissues of the mouth.

JOHN HUNTER gave an accurate description of this disease. He is of the opinion that the induration is attended by a general induration of the tissues of the mouth, and by a general induration of the tissues of the mouth, and by a general induration of the tissues of the mouth.

It is a general induration of the tissues of the mouth, and is attended by a general induration of the tissues of the mouth, and by a general induration of the tissues of the mouth, and by a general induration of the tissues of the mouth.

When the induration is attended by suppuration, the induration has a circular form, and is attended by a general induration of the tissues of the mouth, and by a general induration of the tissues of the mouth, and by a general induration of the tissues of the mouth.

The progress of the indurated chancre is slow, yet it is attended by a general induration of the tissues of the mouth, and by a general induration of the tissues of the mouth, and by a general induration of the tissues of the mouth.

Mr. Ricord has pointed out a variety, which he names the *phagadenic indurated chancre*. The gangrene is sometimes caused, though rarely, by an excess of inflammation; at other times it seems to result from exaggerated induration, when pressure arrests the circulation, and thus produces mortification of the soft parts around the chancre.



COMPLICATIONS OF CHANCRES.—The most common are hemorrhage—inflammation of lymphatic vessels—bubo, sympathetic and symptomatic phymosis, paraphymosis, vegetations, and cancer. *Diagnosis*: All writers upon syphilis complain of the great difficulty which is sometimes met with in recognizing chancres. This is often complicated by the history derived from patients, who, influenced by interest or false shame, very often disguise the truth. In cases of doubtful nature, Mr. Ricord advises the inoculation of the pus upon the patient's thigh or arm—a means which had been previously used by Hunter, Hernandez, and Bell. Many practitioners have adopted this practice, but there are still many in the profession who will not use it unless in extreme cases.

*Prognosis*.—We will consider the prognosis of the *local*, *successive*, and *constitutional symptoms*, by studying each variety of chancre, one after another.

*Local Accidents*.—As a general rule, the regular chancre, as a local disease, will terminate in two weeks or a month. The *superficial chancre* is of shorter duration than the last; hence the prognosis is equally as favorable.

The *pyogenous phagadenic* form may give rise to hemorrhages—and, if not limited, to extensive loss of structure. Here, of course, the prognosis is grave; but when the eschars have been detached, it becomes much more favorable; for the ulcer which the gangrene has left is of a simple character, and tends rapidly to heal.

The *Serpiginous Chancre*, in a person of scorbutic or tubercular temperament, is exceedingly troublesome to manage or heal.

The *Infiltrated Chancre*, considered purely as a local affection, is of little gravity: it heals sooner than either of the other forms.

*Successive Accidents*.—The situation of a chancre has a remarkable influence upon the development of bubo, as we often have had occasion to observe in the hospital of Mr. Ricord. Thus when a chancre is seated about the base of the frænum preputii, in men, or near the outlet of the urethra, in women, a bubo is very liable to be developed—and these bubos may be simple, or may be of the gangrenous phagadenic character.

CONSTITUTIONAL ACCIDENTS.—In an immense majority of cases,

the three first varieties of chancre (regular, superficial, phagadenic) are never followed by consecutive symptoms; while, on the contrary, the indurated chancre is followed, invariably, by constitutional poisoning—symptoms of which are manifest, most generally, within six months after the chancre has become indurated; but in some cases they appear later.

The induration is evidence of constitutional infection. In discovering this great law which governs the therapeutics of chancre, Mr. Ricord has rendered most valuable service to science—since it shows that the mercurial treatment is only applicable to the indurated chancre and its unhappy sequelæ, wherein its happy influence is incontestible, while it is of no use or benefit whatever in the treatment of the non-indurated varieties. Mr. Ricord has established this law by a series of careful experiments, and his experience during twenty years practice has confirmed it. From our own observation we entertain no doubt of the reality of this inexplicable relation between the indurated chancre and constitutional pox. It is true, that cases may occur, which, at first sight, would seem not in accordance with the law, but a more minute inspection and careful examination will but serve to confirm it. The treatment of chancre is divided into the prophylactic, local and general.

**PROPHYLACTIC TREATMENT, LOCAL AND GENERAL.**—The Prophylactic treatment comprises means to be adopted for preventing the disease. In order to check the ravages of this terrible disease, it is necessary to prevent the contact of the virulent pus. To effect this, it is recommended to use astringent washes immediately before and after coition. Among these lotions may be mentioned—vinegar and water, aromatic wine, solution of acet. of lead, etc. This precaution, by purifying and strengthening the parts, will render them much less susceptible to contagion. To midwives and accoucheurs, the advice to grease their fingers, hands, and even arms, in some cases, so as to secure them from the action of the virulent pus of a chancre, should not be neglected.

**LOCAL ABORTIVE TREATMENT.**—We believe, without exception, that chancre is a local disease in the first five or six days of its duration, and especially when it is not indurated. Consequently, we believe we may do for it that which is advised for all wounds.

The means of the aborative method consist in the excision and canterization. Excision was proposed by Hunter but is impracticable except in those cases where the chancre is situated in parts where it may be removed without inconvenience.

We have never excised a chancre but once, which was in a patient and living the voyage from Havre to New York. After the operation a simple wound remained which healed without trouble. Canterization is a means which we may employ at all times, wherever the chancre is situated. The same argument will answer for the two first layers from the third, the Terebinth paste is much better. This caustic is very manageable, more energetic, and we may estimate the extent of issue that it will destroy.

**LOCAL CURATIVE TREATMENT.**—We will now lay down the treatment of chancres when it is no longer possible to destroy them. Regular open chancres ought to be canterized with a stick of nitrate of silver. If they are concealed under a phymosis, it is necessary to inject a solution of nitrate of silver between the glans penis and the prepuce.

We must repeat the canterizations several times daily, and follow them each time with dressings, so as to diminish the morbid secretion, and neutralize it, and render the neighboring parts unfit for contagion. The aromatic wine has seemed to us to furnish all these indications. We may moisten pieces of lint with it, and apply them to the ulcer. If the ulcers are too painful or indamed, we may add some extract of opium to the aromatic wine. If the inflammation persists this treatment, or the ulcer remains in a stationary state, it is necessary to dress it with simple or opiate cerate. A good cicatrization being produced under the influence of this treatment, we must recommend to the patient repose of the diseased organ. The superficial chancre yields with facility to light canterizations. The phagadenic pultaceous ulcers are the most difficult to cure. If the patient is lymphatic, scorbutic, or scorbutic, we must give him tonics, such as quinine and the ferruginous preparations. At the same time that the patients are submitted to internal medications, which we have already indicated, we must apply the following local ones—the canterizations by nit. argent. *fer rouge*, and the acid nit. mercury.

at all times when, in spite of the employment of caustics, which we have named, we must apply emollients, antiphlogistics and narcotics, which produce good results in certain ulcers. Finally, if all our therapeutic resources have been used, we must content ourselves by placing the patients in good hygienic conditions, and covering the ulcers with dry lint.

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ART. IV.—*Treatment of Menorrhagia.*

[Dr. Mitchell sends the following note respecting the treatment of Menorrhagia: we shall be happy to give space for the experience of others, with this formula, or any other affording successful results.—Ed.]

EDITORS MEDICAL OBSERVER:—If you deem this prescription worthy of publication, I wish you will give it a place in the *Observer*; and I hope the profession will give it a trial in the treatment of Menorrhagia, and report the result through your Journal.

I use the officinal preparations of—

R. Tinct. Gum Kimo, ʒij.

“ Cort. Cinnamon, ʒi.

Pulv. Sulph. Cupri., ʒi.

m. et ft. solution.

I direct the patient to take ten drops of the solution three times a day, with a little sweetened water. I increase or diminish the quantity of the sulphate of copper, according to the urgency of the symptoms, or as I find the patient will tolerate. My own success with this prescription, has been satisfactory.

De Kalb, Crawford Co., O.

THOS. A. MITCHELL.

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MENSTRUATION IN OLD AGE.—J. J. Dixon, M. D., of Ashland, Tennessee, in a letter to the Editors of the *Atlanta (Ga.) Medical Journal*, gives the following interesting item:

“In a few lines, I wish to record a brief account of a singular case to which I was this day called. The patient was an old lady, age 67, who is now menstruating. She is the mother of eight children; her menses ceased nineteen years ago, since which time she has enjoyed respectable health. Menstruation returned eleven months since, and has now occurred, in all, six times. She has not suffered any serious difficulty until the present period, and her symptoms now seem only to be those attendant upon painful menstruation.”

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## REVIEWS AND NOTICES

ART. V.—*Human Physiology, Statical and Dynamical: or, the Conditions and Course of the Life of Man.* By JOHN WM. DRAPER, M.D., LL.D., Professor of Chemistry and Physiology in the University of New York. Illustrated with many Wood Engravings. New York, Harper & Brothers, Publishers, Franklin Square. 1876.

In noticing this new book of Prof. Draper, there are several things that strike us as peculiar, each of which we purpose to speak of; though, inasmuch as this is intended only as a bibliographical notice, and not a review, our remarks upon each noteworthy point must necessarily be of the briefest sort, and yet we design to give a fair idea of the character and scope of the work.

First of all, the book before us commends itself to us as strictly an American book. It is not, in any proper sense of the word, a re-publication of English or European works, or a re-editing, or re-hash, or compilation, of other men's labors. Very true, in bringing up the state of physiological knowledge to the present time, Prof. Draper very properly gives the abundant researches of those who have gone before him over the same field: but the *plan* of the work, the peculiar manner in which it is presented for our consideration, many of the facts, views, and modes of illustration, are original, and properly the property of Prof. John Wm. Draper. We may, if space permits, perhaps take occasion to allude more fully to some of these features, before we close this notice.

We notice, in the next place, that which may be regarded as a marked peculiarity of this book—that the author is a Chemist: works on Physiology, and investigations in that field of enquiry, are mostly, not wholly, by Anatomists and Physicians. Prof. Draper, doubtless, has come up to the performance of his task, with habits of thought modified by this circumstance: and while this consideration may, perhaps, lead to opinions and expressions that the anatomist might criticise, on the other hand, it is equally probable that the chemist is sometimes led to smile at corresponding views and peculiarities of the anatomist. And having spoken of Prof. Draper as a chemist, we are further to speak in the

same connection, of what is the especial feature of the work—perhaps the feature for which the author most takes pride. We allude to the effort which is made to reduce Physiology more strictly and faithfully to the standard of an exact science. We observe this, in degree, on the very title-page—Physiology, *Statical and Dynamical*; that is, the author treats his subject under the two general divisions of *the conditions necessary to life*, or the structure of the organized being, and the *action* of that organization, or those “conditions of life” in motion. We like this plan or arrangement very well in the main, as tending to the fulfillment of our author’s special design, though we believe the details of the plan might become proper subjects of criticism, as wanting in that precision of which they are capable. Indeed, as has been judiciously suggested by Prof. Holmes, of Boston, “*Anatomy* embraces the real ‘Statics’ of organized being, and Physiology its ‘Dynamics,’ that is, the action of the organs and the forces which they obey.” To express, however, more properly what is the idea and scope of the author in his attempt to reduce Physiology to more exactness of teaching, we quote a paragraph from his Preface. “Throughout the work, Physiology is treated after the manner known in Natural Philosophy. It was chiefly indeed, for the sake of aiding in the removal of the mysticism which has pervaded the science that the author was induced to print this book. Alone, of all the great departments of knowledge, Physiology still retains the metaphysical conceptions of the middle ages, from which astronomy and chemistry have made themselves free. To exorcise it from such nonentities as irritability, plastic power, vital force, is the duty of the rising generation of physicians; it is also their interest. Empiricism will never be banished from the practice of Medicine until Physiology is made an exact science.”

It would be unjust to omit a passing notice of the illustrations of this book; so far as we know, the application of photography to purposes of scientific illustration, is a novelty; though, so far as Prof. Draper’s book is concerned, we think that the advantage to be gained has scarcely been perceptible. We notice, however, that a very respectable number of the illustrations are original, and they add a freshness and attraction that is very acceptable.

Some of the most striking are really very good, being remarkable for the richness of their detail, and for the nobility of objects represented in a given scene.

Some of the opinions of our author are, in some degree, peculiar to himself. Take, for instance, the cause of the production of the cough. Prof. Draper states his view in the following brief paragraph, which is found on page 100: "*The cough is a reflex action, the result of irritation and constriction of the bronchi. Its minor causes are numerous, such as colds, catarrhs, pneumonia, such muscular exertion as over-exercising and working too long, these subordinate actions are all referable to the irritability of the lungs, and that is the exposure of the lungs to the air.*" It is proper to remark, that the same views are held by and are maintained by other physiologists.

Again, upon the subject of animal heat, we note from page 121: "In every instance, we assert that the production of animal heat is due to oxidation taking place in the economy, and giving rise to carbonic acid, water, and other collateral products. \* \* \* Referred to its ultimate conditions, the evolution of animal heat depends on the reaction taking place between the air introduced by respiration and the food, and as either one or the other of these may be touched, the other may be predicted." It has been customary hitherto to teach the doctrine, that the animal mechanism, by reason of certain of its own provisions, could resist all external variations of temperature, and that it is in this way that a man maintains himself at the same degree of heat, under the varying circumstances of day and night, winter and summer. Prof. Draper holds that man possesses no such intrinsic powers of resistance, that he is governed by external temperatures, whatever they may be, and that the true source of compensation is to be found in the resort to food, clothing, and shelter.

We have noted several other matters of interest and beauty in the book, as we have numbered them and there, but we must be content with a brief extract or two, which will serve as specimens of the style of thought and language used by the author. Take this reference of space and time to the eye and ear respectively:

"There are two fundamental ideas essentially attached to all

our perceptions of external things: they are SPACE and TIME. and for these an early provision is made in the nervous mechanism, while yet it is in an almost rudimentary state. The development of the eye and the ear, as we shall more particularly find when we come to the description of these organs, is for this purpose. In a philosophical respect the eye is the organ of space, and the ear of time; the perceptions of which, by the elaborate mechanism of these structures, become infinitely more precise than would be possible if the sense of touch alone were resorted to. The indications thus gathered are transmitted by the optic and auditory nerves respectively to the brain."

And again, on the following page, 288, read his beautiful illustration of the function of the registering ganglia by the wafer experiment:

"As respects subjective or registered impressions, a few remarks may be here made. There can not be a doubt that the registry of impressions involves an actual structural change in the ganglion, which is of a permanent character. These changes may be rudely and imperfectly illustrated by experiments, such as I published years ago, of which the following may be taken as examples: If, on a cold, polished piece of metal, any object, as a wafer, is laid, and the metal then be breathed upon, and, when the moisture has had time to disappear, the wafer be thrown off, though now upon the polished surface the most critical inspection can discover no trace of any form, if we breathe upon it a spectral figure of the wafer comes into view, and this may be done again and again. Nay, even more; if the polished metal be carefully put aside where nothing can deteriorate its surface, and be so kept for many months (I have witnessed it even after a year), on breathing again upon it, the shadowy form emerges: or, if a sheet of paper on which a key or other object is laid be carried for a few moments into the sunshine, and then instantaneously viewed in the dark, the key being simultaneously removed, a fading specter of the key on the paper will be seen; and if the paper be put away where nothing can disturb it, and so kept for many months, at the end thereof, if it be carried into a dark place and laid on a piece of hot metal, the specter of the key will come forth. In the case of bodies more highly phosphorescent than paper, the specters of many different objects which may have been in succession laid originally thereupon will, on warming, emerge in their proper order.

"I introduce these illustrations for the purpose of showing how trivial are the impressions which may be thus registered and preserved. Indeed, I believe that a shadow never falls upon a



via without leaving behind it a permanent trace—a trace which might be made visible by resorting to proper processes. All kind of photographic drawing are in their degree examples of the kind. Of the moral consequences of such facts it is not our object here to speak. The world would be none the worse if every good action might thus be made plain. But if the moribund surface-impression may in this way be preserved, it must more likely be that the same thing occurs in the very positive constituted ganglion.

We must now close our notice of *Proc. Literary Institution*. It is no longer for a moment before the professor in the country is another having presented, with a valuable and elegant collection of documents, the name of *Evangelical and Social and Political* as a subject for the year 1841.

Some of the most interesting of these documents are those which relate to the history of the church in the year 1841. The first of these is a paper by the Rev. J. H. Stoddard, of New York, on the subject of the church in the year 1841. The second is a paper by the Rev. J. H. Stoddard, of New York, on the subject of the church in the year 1841. The third is a paper by the Rev. J. H. Stoddard, of New York, on the subject of the church in the year 1841. The fourth is a paper by the Rev. J. H. Stoddard, of New York, on the subject of the church in the year 1841. The fifth is a paper by the Rev. J. H. Stoddard, of New York, on the subject of the church in the year 1841. The sixth is a paper by the Rev. J. H. Stoddard, of New York, on the subject of the church in the year 1841. The seventh is a paper by the Rev. J. H. Stoddard, of New York, on the subject of the church in the year 1841. The eighth is a paper by the Rev. J. H. Stoddard, of New York, on the subject of the church in the year 1841. The ninth is a paper by the Rev. J. H. Stoddard, of New York, on the subject of the church in the year 1841. The tenth is a paper by the Rev. J. H. Stoddard, of New York, on the subject of the church in the year 1841.

The following is a list of the names of the authors of the papers:

1. J. H. Stoddard, of New York.

2. J. H. Stoddard, of New York.

3. J. H. Stoddard, of New York.

4. J. H. Stoddard, of New York.



BOOKS RECEIVED.—We have been favored by the publishers with several new works, which must lay over till next month for want of time and space to do them justice: of these are *Practical Surgery*, by HENRY H. SMITH, M.D., Professor of Surgery, etc., etc., published by J. B. Lippincott & Co.; *Wharton and Stille's Medical Jurisprudence*, published by Kay & Bro.; a new Edition of *Meigs' Obstetrics*, and a new *Practical Anatomy*, by Prof. ALLEN, of Philadelphia.

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### EDITORIAL AND MISCELLANY.

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#### END OF THIS VOLUME.

As this December number of the *Observer* goes out to our readers, it will be the closing up of our first year's labors: the circumstance naturally calls up a variety of reflections: and first of all, as to how far we have been able to redeem the promise we made at the beginning of the year, either as expressed to the readers of this Journal, or as hoped by ourselves. Much that we design and anticipate comes far short in the fulfillment:—it surely is so with much that we promised to ourselves to accomplish in this year of the *Medical Observer*:—but as to actual pledges we believe we have fully met all that were set forth. In reference to our scope and special aims, from the beginning we fairly expressed the intention of being a *fit journal* while we do live.—to avoid the temporizing policy that we believe too much prevails with medical journals.—and in a word, *directed opinions*: especially toward quackery and unprofessional conduct among our own brethren we have no intention to show any pity. If we have met with favor in our brief history we have supposed it to be, to a considerable extent, from these very features. In carrying out the plan marked out for our conduct it would be singular, indeed, if we have made no errors.—we suppose it very probable that we have done so. We have not designed to wound feelings, or trespass on private or professional reputation in any even the most pointed article which has appeared in our pages.

It is possible in this also we may be mistaken. If, in any case, feeling has been excited by opinions or expressions of the *Observer*, we must fall back on the generosity, forbearance, and good nature of those offended, and especially with the sincere assurance that we have not had, have not now any *personal animosities to gratify or cherish*, the sustaining the dignity of the profession being our sole object. Nevertheless, in the future, as in the past, wherever we conceive a principle is at stake, gross conduct censurable, or in whatsoever we may deem due to the honor of the profession, we hope to pursue the straightforward course, even though we may thus occasionally feel compelled to tread on friendly corns.

It is with great pleasure that we are able to tell our friends, and others, that the *Observer* has met with marked success. Its circulation (beside its exchanges) extends into seventeen States, including California, and one Territory—Oregon—and from widely separate and personally unknown points we have received most flattering words of cheer. So far, we have simply to say, we have done far better than our most sanguine expectations. In the year to come, we shall be happy if the friends of this year shall feel willing to journey with us. To such as wish, however, from any circumstances, to part, let us part with honest, hearty good will for the right and true; perhaps we shall meet again, in the end of the race.

A year of toil, and constant care, in nurturing our little bantling, has naturally engendered a goodly degree of affection for it. We linger, therefore, in the parting word, feeling almost a pang of regret as we finally send out from our hands the first complete volume. We commit it, however, to the protection of its friends.

In conclusion, we can not but return our hearty thanks for the many kind offices we have received from good wishers;—especially to those gentlemen who have so heartily contributed to our pages we wish to express our sincere obligations. We trust, in this matter, we shall be placed under renewed obligations for time to come. To all, we say—forgive our past short-comings, and let us make a brave start for a fresh year. †

### THE BUFFALO MEDICAL JOURNAL AND ITS EDITORIAL BOARD

In the January number of the Buffalo Medical Journal we find what appears to us to be a most singular statement of the Buffalo Medical World. The notice is signed "Veritas" and, therefore, must stir all the deeper for that. "Veritas" has had much correspondence brought in, which seems to reflect very much upon the impressions of the interpretations of the Senior Editor. In the number of the 15th of October, the 1st of the "Veritas" has been over with a mass of personal abuse against Prof. Smith, which contains a considerable amount of bitterness in the writer, and is strongly suggestive that much more of the same sort remains behind, perhaps to be "expelled" at some other time, that that address an honest opinion. "Veritas" hope our Buffalo Journal will be able to bear the shock, and be proud to feel confident that it has not received praise from such a source. The sooner this new journal finds its true level among the Eclectic, Hygienic, and Indian Doctor class of quacks, the better it will be, and the more comfortable and natural will be its position.

The Editor of the Buffalo Journal has come to note that as early in the exposure he has felt it proper to make. We have always found in him a fearless advocate and defender of scientific medicine, and as such he has our warmest wishes for success. Let quackery be exposed always when it attempts to insinuate itself into our ranks, and use the respectability of our noble profession as a shield for its iniquity.

### THE DELINQUENTS

We had hoped there would be no further necessity for asking for our *back* notwithstanding our intention to rigidly observe the *strictest payment system*. We have found it difficult to break upon old customs entirely, and we find ourselves, consequently, at the end of the year, with some hundred unpaid subscriptions. "Veritas" can urge upon all its readers to meet the amount promptly. *Five dollars* is a small sum from each, and a small subscription is any sum, but the aggregate of these unpaid claims would set us on our feet, and make us *quite snug*.

A number of persons, here and there, have regularly received this Journal through the year, until about the tenth or eleventh number, and then either send us a single number marked "*Refused*," or have the P. M. do so for them. We shall not forget these "high-toned" gentlemen.

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#### STYLE OF COVER-LETTERING.

It is quite a small matter, but we respectfully suggest to our confreres that it would be quite a matter of convenience in filing exchanges, and indeed to all journal readers—if the name, year, volume, and number of the journal were put upon the back edge; titles and numbers of journals are then readily arranged and readily selected if wanted from their place in file, or on the shelf; many journals observe this little matter, a large number, however, do not.

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#### BUFFALO MEDICAL COLLEGE.

OUR neighbors of the *Peninsular Medical Journal* give the present Faculty announcement of the Buffalo School in full, and add the following: "With such a Faculty, we think the University of Buffalo should command success, without feeling obliged eternally to HUNT its neighbors."

Speaking of the *Peninsular*, we notice that Dr. GOALBY, of the *Independent*, has prosecuted the editors of the *Peninsular Journal* for alleged libelous language in its September number. The *Peninsular* appears to be quite facetious over the affair; and we add our best wishes to all parties, that they may have a good time of it. As to the *Independent*, we don't know much about it; we received its first number, and have regularly sent the *Observer* to it ever since. We saw no more of it, however, for three months, when, at our especial request, we were favored with two or three numbers more; since then—well, its been very *Independent*. We hope that ain't libel.

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SQUILLS WILL KILL RATS.—We see a paragraph going the rounds, taken from the *Nashville Journal*, that powdered squills is destructive to rats. Mixed with strong scented cheese, in equal proportions, it is said, when eaten, to kill them very speedily.

#### REFUGIUM FOR IMBECILE CHILDREN

A most excellent institution of this character is established at Germantown near Philadelphia. We recognize some of the first men of Philadelphia as connected with its management—and JOSEPH PARISH, M. D. is Superintendent. We move from a recent circular that "Three varieties of this class of persons (idiotic and imbecile children) are embraced within the sphere of its labors.

*First.* Those whose imperfect manifestation of physical and intellectual power is the result of original mal-formation.

*Second.* Those who are deficient in consequence of cerebral or constitutional disease.

*Third.* Those in whom there is debility in the organs of speech from local paralysis, or functional derangement."

The friends of imbecile children wishing to avail themselves of this Retreat, may address Dr. PARISH, at Germantown, Pa., as to terms of admission and other particulars. We have not space to speak more fully of this Institution—we know, however, that it is in the right kind of hands and entitled to the fullest confidence of the public.

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[Dr. Warner's Letter.]

#### TO THE MEDICAL PROFESSION AND SCIENTIFIC OBSERVERS.

THE undersigned having been appointed, at the late meeting of the American Medical Association, Chairman of the Committee on the Etiology and Pathology of Epidemic Cholera, respectfully solicits Etiological, Pathological, and Historical data pertaining to the disease, from the Medical profession; and Meteorological data from any person who may have them.

As a primary examination in investigating the cause of Asiatic Cholera, and its mode of travel, he wishes to be able to compare Meteorological data obtained when the disease was raging in any given locality, with those which were obtained when the disease did not prevail.

To make this comparison most complete, a full set of Barometrical, Thermometrical, Hygrometrical, Oxonometical tables, with

prevailing winds—and Electrical phenomena as far as obtainable—for a series of years, embracing those of health and disease, and extending over a large territory, are needed: but where full tables are not obtainable, partial ones, or reports, will be thankfully received, if the observations are accurate.

As Hygrometrical observations are extremely rare in the United States, the undersigned hopes that each person who has any which may be of value in the present investigation will forward them to his address, or inform him of their existence, and how they may be made available.

It is also hoped that every person properly prepared to keep Meteorological Registers, will spare no pains to make them as perfect as possible, and not fail to embrace Hygrometrical observations in their tables.

Tables now forming may be of real service to the Committee before the time expires for which it was appointed.

All data received prior to March 15th, 1859, will receive the attention of the Committee, and due credit be given in every instance for valuable information.

The subjects of investigation are of such vast interest to mankind, it is hoped the present request will elicit the hearty coöperation of the Medical Profession, and any other persons who may have, or shall hereafter collect matter of the kind requested.

It would seem that he should not hope in vain, when it is considered that Cholera is a disease which knows no political bounds, and frequently appears to regard neither geographical lines or sanitary cordons, and has already destroyed nearly, if not altogether, one hundred millions (100,000,000) of the earth's inhabitants.

Thus far, all with whom the Chairman has corresponded have most promptly proffered any assistance in their power, and at the same time expressed their warmest sympathy and regard for the investigation: but believing those with whom he is unacquainted may have data of the kind sought, he takes the present mode of presenting his wishes; hoping they may be complied with by all who are possessed of such data, and feel an interest in man's emancipation from disease.

Medical Journals, Literary Magazines, and Newspapers, friendly



to the great interests of humanity and Medical Science will be  
 made upon the Committee—and it is hoped upon the staff—  
 by inserting the above in their columns.

T. WENSLAY, General Agent.

*Empire Journal, Albany, N. Y., Dec. 1890.*

We very cheerfully give place to the Editorial of the 11th  
 in *Goodness* and we trust the Profession everywhere will see all  
 its suggestions. It has been a valuable statement of the  
 and its respective phenomena for several years and we earnestly  
 hope it will be successful in bringing about the necessary  
 and it seems to us that the time has come for the realization  
 of the savings.

*Book Notices.*—V. has still a handsome stock of new  
 volumes and is now receiving and will accept of orders  
 and will be glad to receive orders for the same and will  
 be glad to receive orders for the same and will be glad to receive  
 orders for the same and will be glad to receive orders for the same.

*How to get it.*—V. has now a number of volumes of  
 the same and will be glad to receive orders for the same and  
 will be glad to receive orders for the same and will be glad to receive  
 orders for the same and will be glad to receive orders for the same.

*Dr. J. C. P. and H. will appear in the January*  
*Number of the Journal.* The Journal however will not be sent to  
 subscribers who have not made satisfactory arrangements for the  
 same. Those who desire to receive it please take a good note.

*Issue of the Albany Journal of the Medical Society of the*  
*County of Albany, N. Y., 1890, being a Semi-Annual*  
*Annals of Medicine.* By S. D. WILLIAMS, M. D., Secretary of the  
 Society. The Journal has sent us the address of Dr. Williams with  
 the foregoing title and it has been read with a great deal of  
 interest. Dr. Williams gives a brief historical sketch of the  
 organization of the Albany County Medical Society in 1890, viz:



We notice other valuable and interesting papers: that by Edward Parrish, on *Pharmacy as a Business*, is excellent. The Association adjourned to meet in Philadelphia, second Tuesday in September, 1857. It has our earnest good wishes for its continued prosperity and usefulness.

*Address delivered at the Laying of the Corner Stone of the Insane Hospital, at Northampton, Mass.* By EDWARD JARVIS, M. D. We have received from the author, a copy of this creditable address. It appears that the State of Massachusetts has already four public asylums for the insane, and this address was made on the occasion of laying a corner stone for another, to be in the western portion of the State. The Legislature has, in this instance, acted promptly in meeting the further wants of this class of the afflicted, by liberal appropriations for both ground and buildings, in the most approved style of modern improvement. This noble State is always foremost in works of benevolence: her legislators are ever liberal toward the sick and unfortunate.

The address is well gotten up and appropriate to the occasion: in fact such a one as might have been expected from its gifted author.

#### MIAMI MEDICAL COLLEGE.

We are gratified in being able to state to the friends of this institution, that its largely increased success during the present session, has fully equalled the most sanguine expectations of those interested in its welfare. It has been steadily advancing in the confidence of the profession, and each year has added to its number of patrons, so that at the present time (Nov. 24th), it has beyond doubt the largest attending class in the city. How *matri- culation* lists compare we do not know: but it is well known that the number in *actual attendance* is the correct estimate of the size of a class, and this we know to be in favor of the Miami College.

The faculty of this school has had the advantage of being steady, harmonious, and working together for the promotion of the

single object of building up a successful school. It is united as one man, and free from the internal dissensions which have distracted faculties that have only selfish objects to promote by their position. The gentlemen composing the corps of teachers are now, and have been for several years, identified with the medical interests of this city, and of the West, and have not undertaken this enterprise without a thorough consideration of the interests involved in the undertaking. A steady perseverance in the same course which has been adopted, must result in continued and increased success.

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PAUL CAUSTIC AGAIN.

THAT cross-roads fellow Caustic, to whom we gave some eleemosynary treatment in our last number, is, we observe, out again in the November issue of the *Lancet*. In his first paper, he aspired to write the history of the Ohio State Medical Society, but in this number he gives us the "stubble from my (his) garner," which we think is very proper and appropriate, for stubble it certainly is. He charges away right and left, helter skelter, with just as little system or sense as he showed in the former article, with a difference. He has not in the present effusion called quite so many nasty names, and although contradicting himself quite as often, yet not so grossly and directly. Through a densely confused diatribe, covering seven and a half pages, he alternately abuses and praises, bullies and coaxes, shakes and pats on the back the O. S. M. Society, its members and officers. He, in effect, and almost in terms, says: "Gentlemen of the State Society, you have five hundred members, you have an admirable organization, 'the polity of the society, if exercised with ordinary experience, is omnipotent for good.' You obtained through the influence of your society, the passage of an admirable registration law by the Legislature, which (you are such fools) is not observed by even ten of you. You propose to meet in extra session next January, to get still more admirable laws passed; notwithstanding which, your whole concern is 'a nonentity and a negation.' As a body, and as individuals, you are miserable humbugs, although your



defects, of course, as all such must have, which are to be remedied by time, observation, hearty co-operation and good will, and not by vituperation and abuse. We should not have noticed at all, his splenetic and envious carplings, had he not by some mistake or oversight, or special pressure, obtained an audience of the profession through the columns of a respectable medical journal. With this we wash our hands of Paul Caustic, hoping that time and experience will cure him of what now seems an incurable malady.

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Our friend, Dr. D. W. Godard, of Champagne Co., in a letter to one of the editors, details the following interesting case, which we deem of sufficient importance to lay before our readers.

"The case was that of a lady who supposed herself in the ninth month of utero gestation, but from the history she gave me of herself, the embryo must have passed off at the fourth month, the placenta retaining its connections full five months afterward. She suffered during this time fearfully from hemorrhage. When I was called, she was just recovering from the effects of an alarming and sudden dash of blood. The size of the abdomen corresponded to the fifth month of gestation. She declared, however, that she was in her ninth month, and, in her own language, 'the child had not grown, nor the abdomen enlarged any for four months.' On making an examination I found the neck of the womb completely developed, but rigid—the mouth covered by its placenta. I prescribed the tampon and astringents with the horizontal position, which stayed the flow. These means were continued for several days, the os remaining rigid. During this time I was terribly haunted with all the horrors of placenta prævia, supposing that mine was such a case with a blighted fetus. On the fourth day of my attention I received a message that my patient was in *labor*, and that the hemorrhage was alarming. As I was then several miles distant, I dispatched a note for Dr. Fyffe to visit her. I fully expected she would die before I could arrive, or I could get away from the bedside of a patient where I was detained.

"Six hours after receiving the message I arrived, and found

the patient blanched and faint, from the flow which had then ceased, as had also the contractions of the uterus. One-half of the placenta was found in the vagina, and the mouth of the womb well dilated. Dr. F. arriving at this juncture of affairs, advised the immediate removal of the placenta, which was done without difficulty. It was quite large, and showed a recent connection of at least one-third of its surface. Nothing else, save clotted blood, was found in the womb, much to the disappointment of the Dr. and myself. The patient had a favorable recovery."

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EFFECT OF BELLADONNA IN IMMEDIATELY  
ARRESTING THE SECRETION OF MILK.

Dr. R. H. Goolden has communicated to the *Lancet* (Aug. 9th, 1856) the two following cases, which seem to show that belladonna possesses the power of arresting the secretion of milk.

E. J., aged 28, was admitted into Anne's Ward, St. Thomas's Hospital, with severe rheumatic fever. She had been ill four days, with a small child at the breast four months old. At the time of her admission she had swelling and acute pain in both wrists, right elbow, both knees, and left ankle. The knee-joints were distended with synovia, and erythematous patches were on the skin of the knees, ankles, and wrists. She was bathed in perspiration, and the secretion of milk was abundant. According to the regulation of the hospital, the child was removed; indeed, from her helpless condition, it was necessary, considering the difficulty of attending to an infant in a ward with other patients. Soon after her admission she took eight grains of calomel and a grain and a half of opium, followed by a senna draught; and one scruple of nitrate of potassa, ten grains of bicarbonate of potassa, and half a drachm of spirit of nitric ether, in peppermint water, every four hours. The joints were covered with cotton wool.

On the following day, at two o'clock. I found she had been freely purged; the joints were in nearly the same state. She had had no sleep. The breasts had become tumid, hard, painful, knotty, and extremely tender. The superficial veins were distended. Some milk had been drawn, but the process was attended with great pain, and we could not listen to the heart's sounds on account of the tenderness.

A milk abscess, in complication with rheumatic fever, was of all things to be avoided, and unless the secretion could be at once arrested it appeared inevitable. In this strait I recollected that

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I had somewhere met with an observation (but I can not remember whether it was in an English or foreign journal) that atropine applied externally to the breasts would dry-up the milk; and, thinking it reasonable, I caused the areolæ of the breasts to be smeared with extract of belladonna, in the same way that it is used to dilate the pupil of the eye. I likewise ordered the addition of half drachm doses of colchicum wine, knowing that whenever milch cows eat the meadow saffron in the pasture they immediately become dry; and though I have not much faith in colchicum as a remedy in rheumatic fever uncomplicated with gout, there could be no objection to its use, and it has the sanction of much higher authority than my own.

On my third visit, the following day, the first inquiry was about the breasts. They were all right. But was it the colchicum or belladonna that had relieved them? The extract was used before I left the ward; before the mixture was given the secretion of milk had been arrested and the breasts had become soft. The rest of the case has no further special interest. I will only state that there was no heart affection, and that the fever, though very severe while it lasted, was of short duration, and the patient left the hospital quite well in fourteen days.

The second case that occurred to me was uncomplicated with any disease, and such as would usually fall under the care of the accoucheur rather than the physician.

A lady, the wife of a clergyman, was traveling with her husband, and, in order to accompany him, had weaned her baby (then seven months old). Happening to be at Oxford at the commemoration festival, he came to me in great trouble, telling me that his wife had done a foolish thing in weaning the child, and that they were now arrested in their progress in consequence of the state of her breasts. They were tumid, very tender, painful, and hard, with large superficial veins, and the milk had been drawn with difficulty several times with temporary relief. I recommended the application of the extract of belladonna to the areolæ, desiring them to send for a medical practitioner if the inconvenience did not immediately subside, or unless she felt quite well. A few days brought me a letter, giving a very satisfactory account, and thanking me for what she was pleased to call my wonderful prescription. Within two hours she was perfectly relieved, the milk absorbed, and (what is very important) there was no fever or other inconvenience attending the sudden suppression of the milk; and, instead of taking the opening medicines I had prescribed for her, she continued her journey the next morning.

I have not been able to discover that the fact that belladonna is



available for the purpose of arresting the milk secretion is at all generally known — certainly it was not to several accoucheurs in large practice of whom I have inquired. The fact is important if true, for then milk abscesses will become a matter of past history, and probably many diseases of the breast may be rendered less complicated by its use.

The two cases I have detailed are not sufficient to prove that it will always be either successful or safe, but they render it highly probable that it is so.—*American Journal*.

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#### ERGOT OF WHEAT.

DR. JOBERT makes the following statements respecting this substance: 1. The medical and obstetrical property of this ergot is as incontestable as of ergot of rye, and its effects are as prompt, as direct, and as great. 2. Its hæmostatic action appears certain. Dr. Jobert has administered it several times against abundant discharges of blood, and immediately after labor it has almost constantly and fully succeeded. 3. In the dose of one or two grammes, according to urgency, in cases of uterine hemorrhage, during any period of pregnancy, it has frequently succeeded in lessening, if not in completely arresting the hemorrhage; and this without appearing to produce any stimulant action on the uterus.—*Gaz. des Hôpitaux, March, 1855*.

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#### UNCONTROLLABLE VOMITING IN PREGNANCY.

THE attention of physicians has of late been directed toward the subject of excessive vomiting during pregnancy, with a view to discover some more efficient mode of treatment than that usually employed for this unpleasant and sometimes alarming symptom. Although the cause of the vomiting has always been recognized as seated in the uterus, yet the means at our disposal for ascertaining the condition of that organ having until of late been limited, it has been necessary to treat the disease as one of the stomach, and to address remedies chiefly to that organ. It is needless to say that in many cases this mode of treatment is ineffectual. Instances now and then occur in which, in spite of the employment of prussic acid, creosote, alcalis, acids, narcotics, leeches, blisters, sinapisms, the vomiting still continues unabated, or increases, sometimes to such a degree as to render necessary the artificial induction of abortion as the last resource, and that a doubtful one, in order to save the life of the woman, if indeed that result does not follow spontaneously the violent contractions of the stomach.

It is now well known that in these cases there is often something more than the presence of the ovum in the uterus, and the enlargement of this organ, to account for the sympathetic irritation of the stomach. The speculum often reveals various morbid conditions of the cervix, and since the removal of these conditions, or their diminution, by appropriate local treatment, is followed by a cessation or diminution of the vomiting, it is fair to attribute this exaggeration of a natural phenomenon to a morbid condition of the parts which are concerned in its production. An interesting case confirming this view, which we see reported in a foreign journal, suggested to us the above remarks, and believing that it may serve to call the attention of others to this interesting subject, we give a brief abstract of the paper, which was read by Dr. BRIAN, before the French Academy of Medicine.

A woman aged 25, of good constitution, became pregnant for the third time at the beginning of March, 1856. In the middle of April, vomiting began, and continued, gradually increasing in frequency and violence. About the first of May, the patient was obliged to keep her bed. The stomach soon became incapable of retaining or digesting any thing. Severe gastralgia, thirst and constipation followed, combined with spasmodic movements, profound depression and emaciation. After all remedies which could be thought of had been tried, a vaginal examination showed that the uterus was completely retroverted, and incarcerated in the hollow of the sacrum. It was disengaged from this situation, and placed in its normal position. Immediate relief followed, and the vomiting ceased, to return no more.

It does not necessarily follow that because obstinate vomiting is sometimes owing to a definite source of irritation seated in the uterus, this effect should always follow such local cause. Women in whom there is every reason to believe that the so-called ulceration, or the granular condition of the cervix exists, may go through pregnancy without unusual vomiting, just as these same conditions are sometimes found after death in persons who never suffered during life from leucorrhœa, bearing-down pain, or other troubles usually associated with them; but the fact that the two sometimes, perhaps often, stand in the relation of cause and effect, is a sufficient reason why the uterus should always be examined in every case where the vomiting can not be controlled by general remedies, that any abnormal condition may be rectified by appropriate treatment.—*Boston Journal*.

THE COMPARATIVE VALUE OF "LIFE" AND  
THE "AGE-POINT" AND OF THE FIRST

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